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ABSTRACT

This packet contains information on safe and sober driving for members of Generation X. The packet includes information on "Buckle Up America! Week 1998," which was designed to encourage everyone on the road to use seat belts and child safety seats and to use them properly. It also offers a safety city brochure and multiple program materials (success stories, strides for safety article, youth fatalities overheads, and a prescription for injury prevention discharge instructions). The packet provides resource materials such as a catalog, a state bicycle and pedestrian coordinators contact list, and a National Highway Traffic Safety Administration regional offices and State Highway Safety offices contact list. Other materials in the packet include fact sheets and brochures on safe bicycling on the roads; safe driving habits; safety in pickup trucks; booster seats; safety seats; drug impaired driving; alcohol poisoning; zero tolerance laws; air bag safety; seat belt use; safety belt laws; the Patterns for Life initiative; school bus safety; bicycle safety on campus; and pedestrian safety. (SM)

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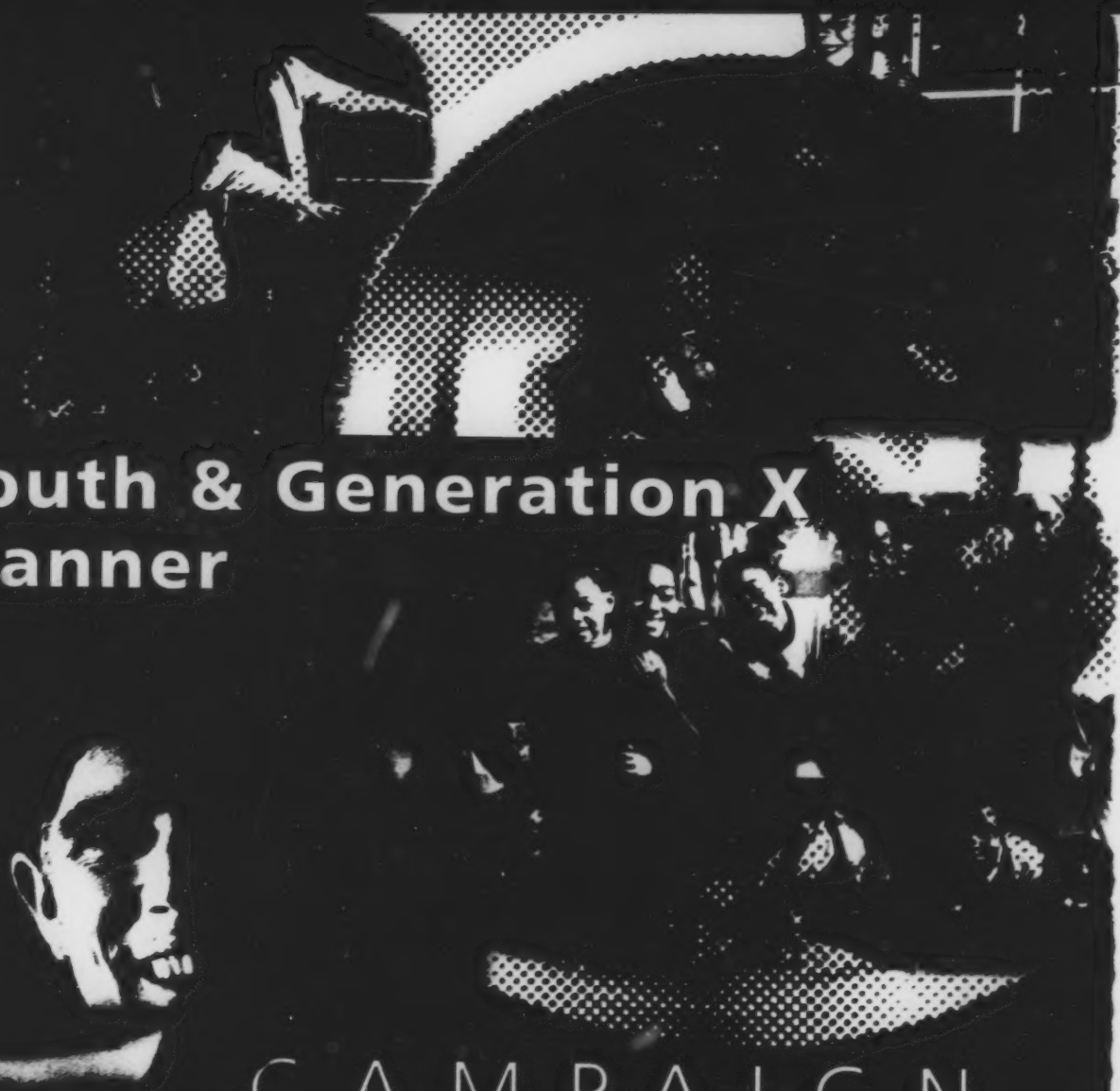

Youth & Generation X Planner

CAMPAIGN

Safe & Sober

SP038944

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Definition of Generation X

Generation X is a name that has been applied to that part of the population born after the "Baby Boom" generation and before the generation of children belonging to the Baby Boomers. As such, Generation X currently includes persons in their 20's and early 30's.

DOT HS 808 675
February 1998

Preview for the Next Quarterly Planner

- Consumer Products List for Lidar and Radar
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- Buckle Up America
- Partners in Progress Update

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U.S. Department of Transportation
National Highway Traffic Safety Administration

NHTSA
People Saving People

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- Prevent Pedestrian Crashes Information Sheet

Always Expect a Train Ad Slick

Women Aren't Attracted to Dead Guys Poster

Buckle Up America! Week 1998 Sample Press Release

For Immediate Release
[Date]

Contact: [Name]
[Telephone Number]

[Name of Official/Organization] Encourages Motorists To Buckle Up

Safety should be everyone's top priority and *[name of official, position in organization]* today reminded all *[state citizens/organization members]* during this *Buckle Up America! Week*, May 18-25, that "saving a life is a snap." This annual, nationwide event encourages everyone on the road to use seat belts and child safety seats and to use them properly.

"Seat belts are the most important lifesaving equipment in your vehicle, but they only work if you take the time to use them correctly," said *[name of official]*. "It only takes a second to snap the buckle on a seat belt, but the benefits can last you a lifetime."

Nearly one-third of all Americans — and an astonishing 40 percent of children — still don't use their seat belts or child safety seats.

Under the Secretary of Transportation's direction, the National Highway Traffic Safety Administration (NHTSA) developed a national initiative to increase seat belt use. The plan calls for building and using public-private partnerships, enacting stronger state laws, encouraging active enforcement of existing laws, and educating the public. The goal is to raise national seat belt use to 85 percent by the year 2000 and to 90 percent by 2005 (from 69 percent in 1997) and also reduce child occupant fatalities by 25 percent. At these rates, this will save approximately 5,500 to 6,800 additional lives, prevent more than 130,000 injuries, and save $8.8 billion in related costs every year.

The *Air Bag & Seat Belt Safety Campaign*, a national coalition, is actively participating in *Buckle Up America! Week* and *[Monday/today]* kicked off its second annual *Operation ABC: Mobilizing America to Buckle Up Children. Operation ABC* is an unprecedented mobilization by law enforcement agencies to conduct high visibility enforcement of child safety laws. All across the nation, law enforcement officers will set up child safety checkpoints to ensure that children are properly buckled up. *Operation ABC* activities will occur throughout *Buckle Up America! Week. [Include your local or state law enforcement's participation.]*

Through a joint venture between the Chevrolet Division of General Motors and McDonald's, more than 12 million safety booklets containing family fun travel games and activities and child passenger safety information are expected to be handed out nationwide during *Buckle Up America! Week*. Under this program, local traffic safety advocates are teaming up with their local McDonald's and/or Chevrolet dealers to conduct *Buckle Up America! Week* activities. *[Include your local group's activity.]*

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"You have too much to lose if you don't buckle up," said *[name of official]*. "Using a seat belt will halve your chances of being killed or badly injured in a serious crash and using a child safety seat will improve your child's chance by nearly 70 percent."

According to research compiled by NHTSA, from 1982 through 1996, an estimated 85,000 lives were saved by seat belts. If all children were correctly restrained in age/size appropriate child safety seats, their fatalities could be cut in half.

All states have laws requiring infants and toddlers to ride in safety seats, but children still ride unprotected, and the consequences are frightening. According to NHTSA, 55 percent of children fatally injured in the front seat were riding unprotected.

"Let's use *Buckle Up America! Week* to commit ourselves to wearing seat belts on every trip, ensuring that everyone who rides in our cars is buckled up and that all children age 12 and under ride in the back seat in properly installed restraints appropriate for their age and size," *[name of official]* said. "Remember, too, never place a rear-facing infant seat in front of an air bag. Drivers and front seat passengers should maintain at least a 10-inch distance between themselves and their air bag. While we cannot always avoid a crash, we can take the responsibility to do everything in our power to protect ourselves and our loved ones."

For more information about *Buckle Up America! Week*, contact *[name]* at *[phone number]*. To find out more about local *Operation ABC* activities, call *[name of local law enforcement agency]* at *[phone number]* or call the *Air Bag & Seat Belt Safety Campaign* at (202) 625-2570.

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Sample Proclamation

Buckle Up America! Week 1998

WHEREAS, May 18 to May 25, 1998, has been declared *Buckle Up America! Week;*

WHEREAS, motor vehicle crashes are the leading cause of death in the United States for every age from 6 to 27 years old (based on 1996 data);

WHEREAS, safety belts are the most effective safety devices in vehicles today, saving an estimated 9,500 lives each year;

WHEREAS, 49 states, the District of Columbia, Puerto Rico, and the U.S. Territories have enacted safety belt use laws, and all 50 states, the District of Columbia, Puerto Rico, and the U.S. Territories have enacted laws requiring the use of child passenger restraint systems;

WHEREAS, *Buckle Up America! Week* provides communities and organizations an opportunity to join together to increase the correct use of safety belts, and to educate the motoring public to secure every child age 12 and under in the back seat in a restraint system appropriate to their age and size on every trip;

WHEREAS, those drivers who use their safety belts only on long trips or highway driving should know that 3 out of 4 crashes occur within 25 miles of home;

WHEREAS, research shows that if a driver is unbuckled, 70 percent of the time children riding in that vehicle won't be buckled either;

WHEREAS, through continued public awareness, education, and enforcement of safety belt laws to increase usage, death and serious injury can be significantly reduced;

NOW, THEREFORE, I, *[name and title of local official or organization leader]*, in recognition of this national life-saving opportunity, join with others across the country to proclaim *[name of community]*'s support for *Buckle Up America! Week* and encourage the community to observe the week with appropriate programs, ceremonies, and activities to increase the use of safety belts and safety seats with the goal of increasing state use rates; to support the efforts of enforcement agencies to increase compliance with state occupant protection laws; and to encourage part-time users to become full-time users.

_____

Signature

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NHTSA People Saving People

U.S. Department of Transportation

www.nhtsa.dot.gov

Buckle Up America
Key Messages

What motivates people to buckle up? What information helps others understand why everyone should ride buckled – on every trip? Research conducted for **Buckle Up America** shows that the following statements best summarize the critical messages that work to move people to action.

No matter what state you live in, these persuasive messages most often will be the same. These key messages can help guide your communications as you create state and local programs. And when questions arise about seat belts and child passenger safety issues, these key messages can help you answer them.

IT'S TIME TO BUCKLE UP

Seat Belts Are a Priority

Every hour someone dies in America simply because they didn't buckle up.

Failure to buckle up contributes to more fatalities than any other single traffic safety-related behavior.

Despite terrible traffic problems such as aggressive driving, increasing seat belt use is still the single most effective thing we can do to save lives and reduce injuries on America's roadways.

Protecting Kids

Adults who don't buckle up are sending children a deadly message that it is all right not to wear a seat belt. Children model adult behavior. Research shows that if a driver is unbuckled, 70 percent of the time children riding in that vehicle won't be buckled either.

Data suggests that education alone is not doing the job with young people, especially males ages 16 to 25 – the age group least likely to buckle up. They simply do not believe they will be injured or killed. Yet they are the nation's highest-risk drivers, with more drunk driving, more speeding, and more crashes. Neither education nor fear of injury or death is strong enough to motivate this tough-to-reach group. Rather, it takes stronger seat belt laws and high visibility enforcement campaigns to get them to buckle up.

Saving Lives

Seat belts are the most effective safety devices in vehicles today, estimated to save 9,500 lives each year. Yet only 68 percent of the motor vehicle occupants are buckled. In 1996, more than 60 percent of the occupants killed in fatal crashes were unrestrained.

If 90 percent of Americans buckle up, we will prevent more than 5,500 deaths and 132,000 injuries annually.

BUCKLE UP

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Saving Dollars

The cost of unbuckled drivers and passengers goes beyond those killed and the loss to their families. We all pay for those who don't buckle up – in higher taxes, higher health care and higher insurance costs.

On average, inpatient hospital care costs for an unbelted crash victim are 50 percent higher than those for a belted crash victim. Society bears 85 percent of those costs, not the individuals involved. Every American pays about $580 a year toward the cost of crashes. If everyone buckled up, this figure would drop significantly.

By reaching the goal of 90 percent seat belt use, and 25 percent reduction in child fatalities by the year 2005, we will save $8.8 billion annually.

Everyone Is Part of the Solution

Buckle Up America is a broad, public-private partnership of community and health groups, safety advocates, businesses, law enforcement, legislators, public officials and concerned citizens. These partners realize that seat belts and child safety seats save lives and money. And because everyone is affected when others ride unbuckled, everyone must be a part of the solution.

Legislation

States with secondary enforcement laws average only 63 percent belt use. But states with primary (standard) enforcement seat belt laws average 78 percent belt use – 15 percentage points higher. Currently, only 13 states and the District of Columbia have primary seat belt enforcement laws.

Everyone would agree that protecting lives with seat belts is at least as important as a broken tail light or littering. Yet, while virtually every state has primary laws that allow law enforcement officers to stop and ticket a violator for having a broken tail light or for tossing trash out the window, not all states have primary laws for seat belt use.

State laws should explicitly require children to be in age- and size-appropriate child safety seats or seat belts. But many states currently have "gaps" in child passenger safety laws – holes that leave certain aged children vulnerable in certain seating positions. States should close these gaps to protect all children in all seating positions.

High Visibility Enforcement

Research shows that high visibility enforcement works because, with many part-time and non-belt users, the fear of a citation and significant fine outweighs their fear of being injured or killed in a crash.

When asked whether they support primary enforcement laws – laws that give the police the authority to stop and ticket an unbuckled driver just as they do other routine violations of the law like littering or driving with a broken tail light – the public overwhelming supports stronger laws. (Source: Public Opinion Strategies, July 1997)

During the past four years, when no new state laws were enacted and no widespread enforcement efforts were undertaken, national seat belt use has remained at just under 68 percent. But in those places that implemented high visibility enforcement programs, seat belt use rates increased dramatically.

Campaign Strategy

Buckle Up America **Strategy**

Increasing the national seat belt use rate from the current 68 percent to 90 percent would prevent an estimated 5,536 deaths, 132,670 injuries and save society $8.8 billion annually. But the numbers will not move on their own. To reach 90 percent belt use nationally, every state and community should be involved in **Buckle Up America** and every campaign needs to develop effective public-private partnerships. Here are the four key elements to embrace as we work together to **Buckle Up America**.

THE FOUR KEY ELEMENTS TO INCREASING SEAT BELT USE

1. **Make Buckling Up a Priority.** Increasing seat belt use is still the single most effective thing we can do to save lives and reduce injuries on American roadways.

2. **Tailor the Campaign to Your Needs.** No single approach will work in every state or community. Identify your needs and opportunities and then design your **Buckle Up America** effort to best meet those needs.

3. **Use Messages That Work.** Research shows that there are three key messages that move Americans to action. Use these key messages to help explain why **Buckle Up America** is so important to all of us.

   - **Kids** – Unbuckled drivers endanger kids by setting bad examples for them to follow. When a driver is unbuckled, 70 percent of the time so are children riding in that vehicle.
   - **Costs** – Unbuckled occupants cost us *all* money because we all pay for crash victims. Inpatient hospital care costs for unbuckled crash victims are 50 percent greater than for belted victims.
   - **Everyone has a role** – We all have a stake in this problem and we are all part of the solution. We must all buckle ourselves, buckle our children and call upon others to do the same.

4. **Implement a Four-Part Strategy.** In order to reach the national goals and the goals you identify at the state and community levels, we must concentrate our efforts on four tracks simultaneously.

   - **Organize, Organize, Organize** – Organizing strong partnerships is the heart of our work to achieve 90 percent seat belt use. We must educate citizens, create state and local partnerships, and broaden and activate these partnerships to pass stronger legislation, and support enforcement to achieve the goals of **Buckle Up America**.
   - **Public Education** – Generate visibility about **Buckle Up America**, your activities, and national and state goals. Remind others that the price for unbuckled occupants is too high, and that we all have a part to play in buckling up America.
   - **Legislation** – Work to pass primary (standard) seat belt laws in every state and close the gaps in child passenger safety laws to ensure that all children are covered in all seating positions.
   - **Enforcement** – Support local law enforcement's efforts to seek compliance with the state's seat belt and child passenger safety laws. Publicize your support of law enforcement's efforts.

BUCKLE UP

NHTSA

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Operation ABC

AIR BAG SAFETY CAMPAIGN

Mobilizing America to Buckle Up Children

Law Enforcement Works to Get America Buckled Up!

This fall marks the completion of a successful first year of getting the air bag safety message out to millions of Americans. We owe a great deal of the Campaign's success to the participation of child safety advocates, law enforcement officers and other concerned volunteers who took part in our events this past year - events such as Safe Travel Action Teams (STAT) over Thanksgiving and Operation ABC during Buckle Up America! Week this past May.

The 1996 Thanksgiving STAT event wouldn't have been possible without the overwhelming number of volunteers - many of them law enforcement - who staffed rest stops across the country and distributed air bag and child safety seat information during one of the country's most heavily traveled holidays.

We moved forward from Thanksgiving with a goal to mobilize the nation's law enforcement around child passenger safety. As a result, tens of thousands of officers from more than 1,000 law enforcement agencies including state patrols, sheriffs, and police departments in all 50 states participated in high visibility enforcement activities during Buckle Up America! Week.

Our research shows there's almost universal public support for strong laws that enable police officers to stop and ticket a driver if children riding in the car are not properly restrained in either a child safety seat or safety belt. We want to capitalize on that public support – as well as the success of this past May's Operation ABC – and encourage even more law enforcement agencies to participate in high visibility enforcement activities during the next Operation ABC (May 18-25, 1998).

Enforcement is the key to making sure America's children ride safely. The results of this year's mobilization were remarkable and will serve as a model for high visibility enforcement activities in years to come.

Please contact me or Pearse Edwards at (202) 625-2570 if you have any questions or suggestions on ways to improve next year's mobilization. I look forward to working with all of you again during the upcoming months.

Janet Dewey

Executive Director

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Operation ABC: Planning for Bigger and Better in '98

Operation ABC, held during Buckle Up America! Week this past May, was the first time in the nation's history that law enforcement in all 50 states and the District of Columbia were coordinated in a drive to enforce child passenger safety laws over a concentrated period of time. Tens of thousands of officers from more than 1,000 law enforcement agencies nationwide participated. As a result, nearly 200 million people heard the Operation ABC message through intensive media coverage. All together there were over 450 national and local television news stories (in the 50 largest markets and other targeted regions), over 300 stories in daily newspapers, and 150 radio news stories.

continued on next page...

(Each year motor vehicle crashes take the lives of more than 2,100 child passengers ages 0 to 15 and seriously injure 327,000 more.)

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Operation ABC: Bigger and Better in '98

And, Operation ABC '98 will be bigger and better. How?

More agencies, and resources, more news coverage, and more families traveling safely. The Air Bag Safety Campaign, in partnership with the IACP, is calling on every law enforcement agency to take advantage of this national mobilization - May 18-25, 1998. As with last year's effort, the Campaign will support participating agencies with Operation ABC planning materials, template press kits, public education materials, and visuals, such as banners, free-of-charge. The Campaign also will assist with media outreach around the week.

Stepped up enforcement through programs such as Operation ABC is critical because as a recent study showed, unbuckled adults are sending a deadly message to children. In fact, when a driver is unbuckled in a crash, 70 percent of the time children riding in that vehicle are unbuckled as well. Conversely, when a driver is buckled, 94 percent of the time children riding in that vehicle are buckled. Clearly, education alone is not enough to protect children from adults who fail to comply with the law.

We encourage you to plan for Operation ABC '98 early by mailing in the coupon on the next page, or contact the Campaign at (202) 625-2570 to get on board!

Chiefs' Challenge
Drive Away a Winner

This year's winner of the Chiefs' Challenge will drive away in a 1997 Ford Expedition. The IACP will announce the winner during their annual conference, October 25-30 in Orlando, Florida. The Chief's Challenge, an annual competition among state, local and federal law enforcement agencies, acknowledges agencies who excel in traffic enforcement.

The Air Bag Safety Campaign and the IACP urge everyone to enter the Chiefs' Challenge. For details on how to participate, please contact PFC Bob Wall, Fairfax County, VA PD and IACP Traffic Safety Specialist at (800) 843-4227, ext. 321.

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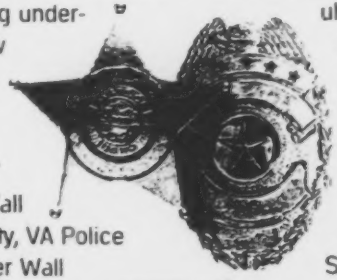
Officers Learn
Correct Child Passenger Safety

The IACP has proven itself a leader in safeguarding the motoring public. It has long recognized the importance of occupant protection both by adults and children and have become even more aggressive in the effort to make child passenger safety a priority for all law enforcement agencies. To achieve this goal, the IACP – working with NHTSA – launched Operation KIDS.

Operation KIDS is a series of training classes nationwide to increase officers' awareness of the importance of child passenger safety, to educate officers about the correct use of child safety seats and to help them identify misuse of child safety restraints in vehicles they stop.

The goal of these classes is to reduce the unnecessary and preventable motor vehicle injuries and fatalities to infants and children through increased education, enforcement and compliance with existing child passenger safety laws. "Response to these classes is amazing. We have conducted 50 training sessions to date. Officers come to the training underestimating just how critical correct child safety seat installation is to keeping kids safe," said Officer Bob Wall of the Fairfax County, VA Police Department. Officer Wall also cited recent safety seat checks in Prince William County, Virginia, where 110 seats were checked and none were installed correctly. In Oahu, Hawaii, 77 safety seats were checked and only one was installed correctly.



The Air Bag Safety Campaign is proud to support the IACP and Operation KIDS. To obtain a schedule of upcoming training sessions, or if your department is interested in conducting a training session on site, please contact PFC Bob Wall, Fairfax County, VA PD and IACP Traffic Safety Specialist at (800) 843-4227, ext. 321.

Buckle Up America Kicks Off

Health and safety professionals, business leaders, law enforcement officials, and national and state leaders joined together in a televised event October 6 to kick off Buckle Up America, the grassroots effort to increase seat belt use nationwide. The one hour program originated from Washington, DC, and included participants at over 80 sites nationwide.

"Today we launch a renewed effort to Buckle Up America," said Dr. Ricardo Martinez, Administrator of the National Highway Traffic Safety Administration. "Every hour someone dies in this country simply because they didn't buckle up and thousands more are injured. Increasing seat belt use is the single most effective action we can take to save lives and reduce injuries on our nation's roadways."

Buckle Up America calls for an integrated strategy: build state and local Buckle Up America partnerships, use public education to raise the priority of increasing seat belt and child restraint use, pass stronger laws, and support high visibility enforcement of seat belt and child restraint laws. The goals of the campaign are to increase national seat belt use to 90 percent and reduce child occupant fatalities 25 percent by the year 2005.

Dr. Ricardo Martinez, NHTSA Administrator, at Buckle Up America Teleconference Launch

Law enforcement officers are key players in this movement because research has shown that high visibility enforcement – stepped up enforcement coupled with publicity that highlights the enforcement efforts – works to increase seat belt use. How? With many part-time and non-belt users, the fear of a citation and fine outweighs their perception of personal risk, or risk to their children, when they fail to buckle up.

"We know that people will buckle up when law enforcement goes out and visibly patrols for seat belt violations," said Chief Ron Palmer of Tulsa, Oklahoma during the Buckle Up America program. "For many, nothing is worse than getting a ticket, and we must continue to use this motivational tool to our advantage."

We encourage you to participate in Buckle Up America and join with other partners in your state and community to educate citizens, support stronger legislation and enforce seat belt and child passenger safety laws. With your help, we can reach our goals to increase seat belt use, save lives, reduce injuries and save money. For more information, please visit NHTSA's web site at www.nhtsa.dot.gov, or call your NHTSA regional office.

Mobilizing America to Buckle Up Kids

AIR BAG SAFETY CAMPAIGN

I pledge to [illegible] Air Bag Safety Campaign in its mobilization to **make unbuckled children unacceptable** in my community. I commit my department to participate in this national mobilization by conducting high visibility education and enforcement of child passenger safety in accordance with the laws in my state during **Buckle Up America! Week, May 18-25, 1998.**

- I would like to help plan activities to coincide with the mobilization.
- I am already planning activities for this week and would like to partner with the mobilization.
- I wish to receive all materials related to the mobilization.

Please check all that apply.

contact
department
city/state/zip
phone/fax

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Please return to: c/o GMMB • 1010 Wisconsin Ave., Suite 800 • Washington, DC 20007

Operation ABC

AIR BAG SAFETY CAMPAIGN

Mobilizing America to Buckle Up Children

Air Bag Safety Campaign
c/o GMMB&A
1010 Wisconsin Avenue, Suite 800
Washington, DC 20007

Place stamp here

Public Supports Strong Seatbelt Laws and Enforcement

- By a margin of 61 to 35 percent, Americans support primary seat belt laws.
- Americans support primary enforcement laws for children by almost a nine to one margin. (88% support, 10% oppose)
- By a margin of 70 to 26 percent, Americans agree that it should be considered unacceptable for anyone to ride unbuckled.

July 1997 survey of 800 registered voters.

Public Opinion Strategies. Margin of error +/- 3.5%

- By a two to one margin, voters are more likely to vote for an elected official who supports police having the authority to stop and ticket a driver because they were NOT wearing a safety belt. (30% agree, 14% oppose)

July 1997 survey of 800 registered voters.

Public Opinion Strategies. Margin of error +/- 3.5%

- Those states with higher safety belt usage rates are more likely to be satisfied with the strength of their laws. (37% dissatisfaction with present belt laws in states with over 80% belt use, 55% dissatisfaction in states with under 50% belt use)

March 1997 survey of 800 registered voters.

Public Opinion Strategies. Margin of error +/- 3.5%

Success Stories

Youth Prevention Programs

The following success stories feature city and statewide programs that target all ages from kindergartners to college-aged youth. All of the programs provide examples of creative, collaborative projects that focus on improving the safety of and reducing the risks facing youth.

Alabama

Huntsville City Schools Youth Programs

- Program Characteristics: Targets hard-to-reach/at-risk populations
- Project Areas: Youth Programs
- Type of Jurisdiction: City
- Targeted Population(s): Students Grades K-12
- Jurisdiction Size: 159,789
- Funding: Section 402, $23,275; Local, $23,275
- Contact:

  Alabama Department of Economic and Community Affairs
  401 Adams Avenue
  Suite 580
  Montgomery, AL 36103
  Phone: (334) 242-5879

Problem Identification

In reviewing traffic safety data for the city, the Huntsville, AL Director of Highway Safety noticed an increase in the number of pedestrian, bicycle, and other traffic-related injuries and fatalities that involved children. He discovered that several children had been injured or killed walking or bicycling from school each year. He also determined that between 1 and 3 fatalities per year occurred among teens who were driving while impaired.

Goals and Objectives

The goals of the Huntsville City Schools program were to save lives and reduce the incidence of injuries to youth in Huntsville. Specific objectives included:

- Increasing awareness among Huntsville's student population about the dangers of impaired driving, the risks associated with not using safety belts, the importance of knowing the rules of the road, and the facts relating to pedestrian and bicycle safety; and
- Reducing traffic crashes, injuries, and fatalities among school children, teachers, parents, and others through participation in community traffic safety programs and awareness activities.

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Strategies and Activities

To address the safety concerns of the Huntsville students, the Huntsville local school system, in cooperation with the Office of Highway Safety, hired an Alcohol/Highway Safety Instructor. Her responsibility was to educate students and improve awareness of highway safety issues in the Huntsville City public schools. The Huntsville Alcohol/Highway Safety Instructor presented highway safety programs to all classes. During the year, the instructor also worked with all eighth grade students for two days to teach them about alcohol and highway safety issues. She arranged bike rodeos and helmet giveaways for needy families, and provided helmets at a reduced price for students.

To create greater community awareness of traffic safety issues, kindergarten classes made giant cookies with safety belt messages and delivered them to businesses where their parents were employed.

The instructor also worked with peer helping groups (school clubs and civic organizations), crossing guards, the local Community Traffic Safety Program (CTSP), SAFE KIDS, Mothers Against Drunk Driving (MADD), Boys and Girls Clubs, and Think First to promote traffic safety to students and the community throughout the school year.

Results

Prior to the program, several students were injured and killed in alcohol-related crashes. Within the last 6 years, no students have been injured or killed in alcohol-related crashes. Bicycle helmet use has increased from 0 to 45 percent, and the number of bicycle riding fatalities has decreased to 0. The safety belt use rate among students and parents has increased from 45 to 87 percent during the last several years.

California

Bicycle Safety Education Program

- Program Characteristics: Targets hard-to-reach/ at-risk population
- Project Areas: Bicycle Safety
- Type of Jurisdiction: County
- Targeted Population(s): Youth
- Jurisdiction Size: 62,300
- Funding: Section 402, $32,850; local, $5,839
- Contact:

  Health Program Assistant
  Yolo County Health Department
  6000 Lindhurst Avenue
  #601B
  Marysville, CA 95901
  Phone: (916) 741-6366

Problem Identification

Yolo County, CA, is a small, predominantly urban county located about 40 miles north of Sacramento. The county has a high unemployment rate, and a high percentage of the population lives below the poverty level. In 1994, Yolo County Health Department staff conducted surveys of bicycle helmet use at 11 of Yolo County's elementary and intermediate schools. The surveys were also conducted with children under age 14 in 2 of Yolo County's residential areas. Helmet use at the schools varied from 0 to 83 percent. Use in the residential areas averaged 9 percent. The surveys indicated that fewer than 1 in 3 children riding their bicycles to school was wearing a helmet, and only 1 in 11 children was wearing a helmet while riding in their neighborhoods. The primary reason parents gave for their children not wearing helmets was the cost of the helmet. One parent stated that she could buy a used bicycle for her child for less than the cost of a helmet.

Goals and Objectives

The Bicycle Safety Education Program was developed to increase bicycle helmet use by Yolo County children, thus preventing fatalities and injuries. The program's objectives included:

- Conducting 12 bicycle safety workshops each year;
- Promoting bicycle safety in Yolo County schools; and
- Increasing public awareness of bicycle safety and the importance of bicycle helmets in preventing head injuries.

Strategies and Activities

The Yolo County Health Department implemented the Bicycle Safety Education Program using strategies and activities that focused on elementary school youth and their parents. Safety presentations were given in the classroom and during community meetings, and bicycle rodeos were held for the students in order to enforce the importance of bicycle safety. Forty-two community presentations were held, including several workshops for non-English speaking parents. Seven workshops were held in Spanish, and five workshops were held in Hmong, an Asian dialect.

The Health Department formed partnerships with civic organizations, law enforcement professionals, the local fire department, and the news media. Program events were advertised in articles in the local newspapers, promoted in organization newsletters, and aired on local radio. The program sponsored bicycle rodeos and other activities at 19 community events and conducted 2 bicycle safety essay contests in local elementary schools. During these events, 545 bicycle helmets were provided to children in low-income households and 42 bicycle safety workshops were given.

Results

As a result of the heightened awareness in the community concerning bicycle safety, all 11 elementary schools in Yolo County implemented a bicycle helmet policy. Follow-up surveys showed an overall increase of 26 percentage points in helmet use around school sites (31 percent in 1994 versus 57 percent in 1997). Helmet surveys conducted at residential sites indicated an increase of 34 percentage points during the same period. The average numbers of bicycle injuries resulting from traffic crashes decreased for children under 18 years old, from 18 in 1994 to 12.5 in 1997.

Indiana

Facing Alcohol Challenges Together (FACT)

- Program Characteristics: Cooperative Prevention/Intervention Effort
- Project Areas: Alcohol and Other Drugs, Youth Programs
- Type of Jurisdiction: County
- Targeted Population(s): Youth ages 10 to 17
- Jurisdiction Size: 1.2 million
- Funding: Section 402, $60,000 yearly average; local, $82,094
- Contact:
  Alcohol Program Coordinator
  Methodist Hospital of Indiana
  P.O. Box 1367
  I-65 at 21st Street
  Indianapolis, IN 46206-1367
  Phone: (317) 929-2300

Problem Identification

Each year over 500 youth are arrested in Marion County for alcohol-related illegal behavior. Methodist Hospital had a court-mandated adult alcohol awareness program, but increasing numbers of 16-year-olds were being referred to the program. Methodist Hospital was asked by the Superior Court Juvenile Division and the Governor's Council on Highway Safety to develop a program specifically for these teens.

Goals and Objectives

The primary goal of the FACT program was to reduce the number of incidents of alcohol use and abuse in high-risk youth who, through recidivism, already demonstrated a propensity for trouble. To do this, the program sought to change both adolescents' and parents' attitudes and behaviors toward alcohol use and its consequences. The arrest rate and recidivism rate of FACT program participants were measured against those who had not completed the program to determine the program's effectiveness. The hope was that the current recidivism rate of 16 percent would drop to 12 percent in the first year.

Strategies and Activities

The program began in December 1994. The steering committee included a trauma nurse, the alcohol program coordinator from Methodist Hospital, a Superior Court Juvenile Division judge, a Superior Court Juvenile Division staff member, and a psychologist. The program was 9 hours long, held in 2 sessions on 2 consecutive days (from 3 p.m. to 7:30 p.m.). This gave participants time to process information between sessions. The court ordered teens and their parents to attend.

On the first day of the program, parents and teens were encouraged to participate in interactive games that increased their knowledge of basic alcohol facts and statistics. The families also watched a video that provided information about alcohol-related injury prevention and identified the legal and financial consequences relating to impaired driving. The day ended with a tour of the emergency room and trauma suite at Methodist Hospital. The program for the second day concentrated on alcohol-related injury, permanent disability, and death. To help the teens better acknowledge their own mortality, role-playing and injury simulation exercises were performed, and tours of the rehabilitation areas, critical care unit, and morgue were given. At the end of the this 2-day program, each participant and his/her family created a "contract" under which the teen agreed to live an alcohol- and drug-free lifestyle.

The Marion Superior Court Juvenile Division was used as the primary referral source. Other sources included case workers, schools, counselors/therapists, concerned parents, and church staff. The program was offered once a week, 48 weeks of the year.

Results

In the first 12 months of the program, the recidivism rate dropped to 12 percent. In the first 18 months, it dropped to 10 percent. There were 183 referrals from Juvenile Court, 144 of whom attended the program. Most FACT participants (92 percent) believed that the program would influence their decision not to drink, and 89 percent indicated they would abide by the pledge they signed to live an alcohol- and drug-free lifestyle. In addition to alcohol-related offenses, the program now includes marijuana- and cocaine-related offenses.

The program is currently free to participants, but a fee-based structure is being developed through Methodist Hospital's Employee Assistance Program. Corporate sponsorship is being sought for material development and reproduction. Methodist Hospital's contribution includes personnel time and educational and promotional materials.

FACT is being disseminated to other communities in Indiana, Michigan, Illinois, and Ohio. In December 1995, Methodist Hospital received the Indiana Governor's Exemplary Projects Award in Criminal and Juvenile Justice for the FACT Program.

Kansas

Youth Alcohol Media Campaign: Take a Stand

- Program Characteristics: Teen-focused prevention
- Project Areas: Alcohol and other drugs, public information and education, and youth programs
- Type of Jurisdiction: Multi-county, high schools
- Targeted Population(s): 14-to-18 year-old impaired drivers, parents, those who ride with impaired drivers, those who know students who drive while impaired
- Jurisdiction Size: 61,000 students in 64 high schools
- Funding: Section 402, $274,060;
- Contact:

  Campaign Coordinator
  DCCCA Center, Inc.
  3312 Clinton Parkway
  Lawrence, KS 66047
  Phone: (913) 841-4138

Problem Identification

Motor vehicle crashes are the leading cause of death among teenagers. A 1993 survey of over 75,000 Kansas students found that 77 percent of Kansas high school students in grades 10 through 12 reported using alcohol in the past year. Nearly one half reported that they had been a passenger in a vehicle driven by someone who had been drinking alcohol. About 33 percent of students in grades 10-12 reported that they had driven a vehicle after they had been drinking alcohol. Approximately 13 percent of all Kansas DUI arrests involved youth aged 14 through 18 (85 percent male), indicating a significant underage drinking problem.

It is difficult to compete with the alcohol industry's extensive advertising budget ($649.9 million in 1992), which portrays drinking alcohol as a glamorous activity. A unique campaign was required to reach the 14- to 18-year-old population.

Goals and Objectives

The goal of the Kansas Youth Alcohol Media Campaign was to decrease the number of impaired driving incidents among 14- to 18-year-olds. Specific objectives included:

- Educating 14- to 18-year-olds and encouraging them to "take a stand" against impaired driving, thereby lowering the number of impaired driving crashes;
- Using a positive approach and message in the campaign; and
- Researching advertising strategies specific to teenagers and using these techniques to reach the 14- to 18-year-old population.

Strategies and Activities

The Take A Stand campaign was implemented in 1994 by the DCCCA Center, a non-profit drug and alcohol agency. Prior to developing the materials, research was done on the advertising that appeals to teenagers. Focus groups were conducted with teenagers to validate the materials being developed. Of these, *Take A Stand* was chosen to encourage teens not to drink and drive and also to intervene to keep someone they know from driving while impaired. Research also identified where teens spend most of their time outside home and school. A series of posters and table tents along with incentives (T-shirts, cups, key chains, tank tops) were developed and placed in schools and popular businesses. Public service announcements (PSA's) and one-line messages were broadcasted on popular radio and television stations.

The campaign displayed materials during five two-week periods in September, December, March, May, and July. Student groups distributed the materials to the schools and businesses.

Future plans include a World Wide Web site, television PSA's, an MTV-style video, and a music CD of local rock bands with an informational jacket about impaired driving.

Results

In the first year of the campaign, the DCCCA Center distributed 3,177 posters, 5,933 table tents, and 60,000 incentives. All of the 64 high school newspapers ran ads, as did 11 local newspapers. Fifteen radio stations ran PSAs. One PSA was produced by a local radio station featuring the lead singer of The Nixons telling teens to "take a stand."

A random telephone survey of teens revealed the following:

- Eighty-four percent recognized the *Take A Stand* theme;
- Seventy-five percent of those knew that it was a campaign fighting impaired driving;
- Over 95 percent agreed that they should stop friends from driving while impaired; and
- Over 80 percent believed that they should even stop strangers from driving while impaired.

DCCCA is continuing the campaign and hopes to eventually see a reduction in youth crashes.

Michigan

Alcohol In School Is Stupid (AISIS)

- Program Characteristics: Community/ county-wide
- Project Areas: Alcohol and other drugs, youth programs
- Type of Jurisdiction: County
- Targeted Population(s): Community/ county citizens
- Jurisdiction Size: Approximately 80,000
- Funding: Section 402, $109,694
- Contact:

  Alcohol Program Coordinator
  Michigan Office of Highway Safety Program
  300 South Washington Square
  Suite 300
  Lansing, MI 48909
  Phone: (517) 333-5324

Problem Identification

In Lapeer County, MI, crash data indicated that the underage population had a problem with alcohol use. The county is a rural area situated close to two large population centers: Detroit and Flint.

Goals and Objectives

The primary goal of the project was to make people (both adults and youth) more aware that alcohol use was on the rise and that young people were drinking. It was hoped that the increased awareness would change attitudes and acceptable norms for youth alcohol use. This, in turn, would lead to a decrease in injuries and deaths from youth alcohol-related traffic crashes.

Strategies and Activities

In 1993, a steering committee was formed in the county. The steering committee consisted of representatives from coalitions from each school district. The coalitions included law enforcement officers, prosecutors, judges, parents, clergy, school representatives, and community leaders. The effort was called Alcohol In School Is Stupid (AISIS). The approach was three-pronged and included: law enforcement activities, educational presentations, and community activities.

The law enforcement activities included alcohol "stings," which led to an increase in citations written for "minors in possession." Students from Students Against Destructive Decisions (SADD) chapters in the high schools worked with law enforcement in the stings (about four each year) by attempting to buy alcohol from local establishments.

Steering committee members were trained by nationally recognized experts to develop alcohol-related programs, community interventions, and parenting skills. These trained individuals then served as master trainers to spread their knowledge and ideas to coalition members. Target audiences for education presentations included youth, faculty, and parents.

An active parent support network was initiated in the community, offering a safe-house alternative for youth parties. A safe-house phone directory was published in each school district listing parents who had pledged to hold chaperoned parties that were drug-, tobacco-, and alcohol-free.

One of AISIS's many community activities was organizing a root beer tent for the Lapeer Days Festival. The media supported the program with articles on the alcohol stings and school programs. The extensive coverage kept the message fresh and brought adverse publicity to those who had been selling alcohol to underage youth.

The program was also supported by the passage of the state's zero tolerance law in November 1994.

Results

The program continued as a vital part of the community's programs. AISIS became part of the county's substance abuse agency with its own office and provided wrap-around services to all youth. Parenting classes were ongoing. A 24-hour relay fundraiser helped support the program and provided small scholarships for students who wanted to attend statewide seminars on substance abuse. The acronym AISIS now stands for *Any Illegal Substance Is Silly* to expand activities to drugs and violence.

The judge in the county was awarded national recognition by the National Commission Against Drunk Driving for his work with this program, law enforcement, and the judicial system. Any youth charged with "minor in possession" had his/her license revoked.

Youth alcohol use has decreased by almost 20 percent, measured by the decrease of alcohol-related motor vehicle injuries and fatalities. Alcohol-related crashes have decreased by 50 percent. The 1995 graduation season had no youth alcohol violations at parties and no youth alcohol-related fatalities. The 50 percent illegal buys at some establishments dropped to almost 0.

At the end of the three-year project, citizens, schools, coaches, and students had begun reporting suspected youth alcohol incidents to coalition members and to the AISIS office.

New Jersey

Peer Education: INSIGHT, CATCH, and PASSAGES

- Program Characteristics: Innovative approach, targets at-risk population
- Project Areas: Alcohol and other drugs
- Type of Jurisdiction: State
- Targeted Population(s): Students
- Jurisdiction Size: 7,903,925
- Funding: Section 402, $72,793; State, $53,068; Other, $8,000
- Contact:

  Trenton State College
  Alcohol/Drug Education Program Office
  159 Community Commons
  Trenton, NJ 08650-4700
  Phone: (609) 771-3199

Problem Identification

Binge drinking is a significant problem on college campuses throughout the country. Injuries and fatalities from impaired driving are among the most severe consequences of excessive drinking. Effective substance abuse prevention programs can involve collaborative efforts between students. These young people can often address the issues of binge drinking and driving while impaired with their peers more effectively than older adults can.

Goals and Objectives

The goal of the Peer Education: INSIGHT, CATCH, and PASSAGES programs was to develop a means for students to interact with and educate each other on issues relating to alcohol and drug use and abuse. Specific objectives included:

- Educating the college campus community through workshops, presentations, and alternating programs;
- Promoting collaborative prevention efforts between students from various schools throughout New Jersey; and
- Providing the means for college students to interact with younger at-risk children.

Strategies and Activities

This peer education initiative consisted of three programs designed to encourage awareness of alcohol and other drug consumption issues. The INSIGHT program, specific to Trenton State College, consisted of peer educators who implemented creative programs during National Health and Wellness Week each fall and spring semester. It was a part of Trenton State's Alcohol/Drug Education Program (ADEP). All of INSIGHT's activities revolved around the issues of alcohol and drug use, misuse, and abuse. Creative activities included:

- *Hillwood Squares*, a takeoff on *Hollywood Squares* where professors, coaches, and college administrators occupied the "squares" and students asked them health-related questions.
- *Doubled Up*, a Dating Game variation, which allowed students to socialize in an alcohol-free environment. The peer educators at Trenton State also provided substance-free entertainment, lectures, and other programming for UV's, the college's non-alcoholic night club. This helped to reduce the number of impaired driving incidents around the campus.

The second facet of the peer education project was the statewide CATCH (College Advisory Taskforce for Campus Health) safety program. CATCH enabled students from different colleges and backgrounds to share ideas about alcohol and drug abuse prevention. In August 1994, Trenton State held the first statewide, 3-day CATCH conference. It included educational lectures, workshops, programming ideas, and presentation skills training. After the conference, CATCH members met on a monthly basis at sponsoring schools throughout the state.

The third element of the peer education effort was PASSAGES: Students to Leaders. This program, which links high school and college students with middle and grammar school children defined as "high risk," is still in the development stage. Once complete, it will provide a variety of prevention/mentoring projects and education enrichment programs to "children at-risk" in Mercer and Ocean Counties. It also will provide college and high school students firsthand exposure to social issues and problems facing these communities, while promoting leadership development opportunities for the participants.

Results

Trenton State's INSIGHT program has grown significantly in the past 4 years. Today there are 12 active peer educators who offer educational and substance-free programming to their fellow students, as well as to students from surrounding colleges. Two additional CATCH conferences have taken place, and have led to the further development of peer education programs at participating colleges. A total of 450 students participated in the 3 CATCH conferences. The 1995-96 academic year required CATCH members to submit a monthly report to the CATCH coordinator identifying activities they offered on their campuses. This information was compiled in a bi-monthly newsletter. The PASSAGES program was scheduled to be implemented during the summer of 1996.

Rx for Injury Prevention Discharge Instructions

Rx for Injury Prevention Discharge Instructions

Emergency physicians and nurses are all too familiar with the toll of traffic injuries which impact the emergency department daily. More than 3 million people will come through emergency department doors this year requiring treatment for a preventable traffic injury. As a trauma professional, you are in a unique position to sound a loud and clear wake-up call about this neglected epidemic. The time to be proactive has never been more opportune. These *Rx for Injury Prevention* sheets are one way to stimulate public support for safety.

These discharge instructions were originally developed to be given out in the emergency department (ED) to injured patients to help them prevent a recurrence of their injuries. But the discharge instructions are just as helpful provided as information sheets. For example, the *Protect Your Kids in the Car* sheet could be given to a mother who came in to have her child's sore throat checked, or the *Kids Riding Bikes* could be given to a parent whose child has come in for an earache but who just received a bike for his birthday.

These sheets are very useful in an ED setting, but they could also be used by urgent care facilities, doctors offices, school nurses, police officers (especially DARE officers), and firefighters. They could be handed out at health fairs, neighborhood days, child safety seat checks, bike rodeos, and in school health classes. The sheets are written at such a level that they are understandable to most segments of the community. Handing out the sheets can benefit the community by helping to prevent injuries and improve public health. By distributing the sheets, providers let their constituents know that they care about them.

The instruction sheets are in black and white camera-ready format that can be easily reproduced and may be personalized by providers wanting to add their own logos.

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Rx for Injury Prevention

Protect Your Kids in the Car

The safest place for any child 12 years old and under is in the back seat.

Every child should be buckled in a child safety seat, a booster seat, or with a lap/shoulder belt, if it fits.

Riding with Babies

- Rx Babies should ride in rear-facing child seats until they are at least 20 pounds AND at least one year of age. The child seat must be in the BACK seat and face the rear of the car.
- Rx Babies riding in a car must never fact front. In a crash or sudden stop, the baby's neck can be hurt badly.

- Rx Babies in car seats must never ride in the front seat of a car with air bags. In a crash, the air bag can hit the car seat and hurt or kill the baby.
- Rx Never hold your baby in your lap when you are riding in the car. In a crash or sudden stop, your child can be hurt badly or killed.

Riding with Young Kids

- Rx Kids over 20 pounds and at least 1 year old should ride in a car seat that faces the front of the car, van, or truck.
- Rx It is best to keep kids in the forward facing car seat for as long as they fit comfortably in it.
- Rx Older kids over 40 pounds should ride in a booster seat until the car's lap and shoulder belts fit right. The lap belt must fit low and snug on their hips. The shoulder belt must not cross their face or neck.
- Rx Never put the shoulder belt behind their back or under their arm.

Remember...

- Rx All kids are safest in the back seat, in a safety seat or seat belt
- Rx Always read the child seat instructions and the car owner's manual. Test the child seat to ensure a snug fit by pulling the base to either side or toward the front of the car.

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For additional information, please contact the NHTSA hotline at: 1-888-DASH-2-DOT (1-888-327-4236), or the NHTSA Web site.

Rx for Injury Prevention

Car Safety

Don't Drink and Drive

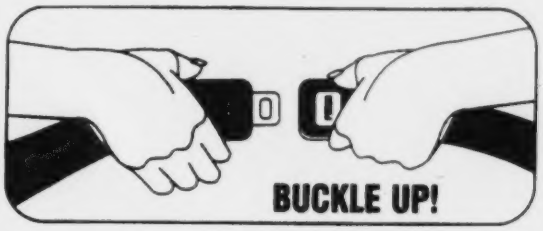
Rx More than four out of every ten traffic deaths involve alcohol.

Rx Even small amounts of alcohol affect your judgment, concentration, reaction time *and your ability to drive.*

Rx If you drink, don't drive. If a friend or family member drinks, call them a cab or drive them home.

Wear Your Safety Belt

Rx Wear your lap and shoulder belt correctly, low and snug across the hips, and the shoulder belt across your chest, *not* in front of your neck or face.



Rx Do not put the shoulder belt under your arm or behind your back.

Rx If your car has air bags, make sure you wear both the lab and shoulder belt for the best protection. Move the seat back as far as possible from the air bag.

Rx Never place babies under one year old in the front sear of a car with a passenger-side air bag. Always keep babies in the back seat and facing the rear of the car.

Rx All children are safest in the back seat using the safety belt or in a child safety seat.

Rx Pregnant women should always wear the lap and shoulder belt, with the lap belt firmly placed under the belly and across the hips. By protecting Mom, the baby has the best chance of surviving a crash.

Rx ***Buckle up every trip, every time, and every body!***

Slow Down - Follow the Speed Limits

Rx Nearly one out of three crashes where someone dies is related to speeding. Speeding makes it hard to steer safely around curves or objects in the roadway.

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Rx for Injury Prevention

Kids Riding Bikes

Wear a Helmet

- Rx Wearing a helmet is the best thing you can do to be safe when you ride a bike.
- Rx Bicycle helmets save lives. Most bike deaths come from head injury. Bike helmets can prevent head injury.
- Rx In some states, the law says you have to wear a bike helmet to ride your bike.
- Rx Bike helmets should fit like this:
  - sits evenly between ears
  - sits low on your forehead

See and Be Seen

- Rx Ride so cars can see you.
- Rx Wear bright colors or clothes that reflect light at night so cars, buses, and trucks can see you.
- Rx If you ride at night, get a headlight for the front of your bike and "reflectors" on the front and back of your bike.

Follow the Rules

- Rx Bikes have to follow the same traffic rules and signs as cars.
- Rx You must ride in the same direction as the cars are going.
- Rx Ride your bike single-file.
- Rx Signal when you want to stop or turn.
- Rx Look out for holes, wet leaves, or cracks in the street. They can make you crash your bike.
- Rx Ride away from the curb in case a car pulls out or someone opens a car door suddenly.

ENA Emergency Nurses Association

American College of Emergency Physicians

NHTSA People Saving People http://www.nhtsa.dot.gov

For additional information, please contact the NHTSA hotline at: 1-888-DASH-2-DOT (1-888-327-4236), or the NHTSA Web site.

Rx for Injury Prevention

Walking in Traffic

Protect yourself and your family by doing these things:

Walk on the Sidewalk

Rx Stay on the sidewalk and crosswalks. Avoid walking in traffic where there are no sidewalks or crosswalks. If you have to walk on a road that does not have sidewalks, walk facing traffic.

Cross at Intersections

Rx Most people are hit by cars when they cross the road at places other than intersections.

Look left, right, and left for traffic

Rx Stop at the curb and look left, right, and left again for traffic. Stopping at the curb signals drivers that you intend to cross. Cross in marked crosswalks and obey the signal.

See and Be Seen

Rx Drivers need to see you to avoid you.
Stay out of the driver's blind spot.
Make eye contact with drivers when crossing busy streets.

Rx Wear bright colors or *reflective* clothing if you are walking near traffic at night. Carry a flashlight when walking in the dark.

Do not let kids play near traffic or cross the street by themselves. Kids are small, and drivers may not see them if they run into the street.

Watch your kids

Rx Children should not cross streets by themselves or be allowed to play or walk near traffic. Kids are small, *unpredictable*, and cannot judge vehicle distances and speeds.

Rx When kids get older, teach them three things to do before they cross the streets:

- Try to cross at a corner with a traffic light
- Stop at the curb.
- Look left, right, then left again to make sure no cars are coming.

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Strides for Safety

A National Event to Celebrate Youth Safety

What *Strides for Safety* is a national event that focuses on the positive strides youth are making toward their own future. It is a chance to celebrate youth activism in highway safety events/programs, a violence-free world, and alcohol-free and other drug-free, healthy bodies. The focus is healthy, safe lives. You can plan your own event or join with a state team to plan a statewide event — you decide! Your event could be a 5K walk to the state capitol, rally in a park, health and fitness fair, scavenger hunt, poster contest, safety belt relay, benefit rock concert, or mock trial. It can be any activity that focuses on and promotes youth health and safety.

Who Anyone can be involved. Are you interested in alcohol and other drug prevention or highway safety? Are you a member of a leadership development club such as Students Against Destructive Decisions (SADD), PRIDE, 4-H, Future Farmers of America (FFA), BACCHUS & GAMMA, Future Homemakers of America/HERO, or Student Council? Youth need your help and direction.

When *Strides for Safety Month* is April 1998. Your event could be developed in conjunction with other awareness efforts during April, or during another month, if that better fits your calendar.

Where You can hold a *Strides for Safety* event just about anywhere in your community, region, or state. State capitols, a school gym, convention centers, community parks, or shopping malls are all good places to hold an event.

Why *Strides for Safety* empowers youth to lead healthy, safe lives and lets youth show the world that young people are serious about the future of themselves and others.

How The National Safety Council will send you a free planning guide to help you organize and prepare for your own event. You will learn how to raise funds, contact the media, form coalitions, and encourage others to become involved.

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For more information, contact the National Safety Council at (800) 621-7615, ext. 2266.

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(2/98)

More on Strides for Safety

During *Strides for Safety 1997,* over 30 events took place around the country in 16 different states. The events were varied and included youth rallies, "walks" to show support of safety and health initiatives, educational programs in schools, educational outreach with communities, conferences, fun fairs and health fairs, safety belt checks, multi-media presentations, speakers, after-prom programs, peer programs/skits, and mock crash scenes. These events were all planned and coordinated to focus on the dangers of impaired driving, the consequences of drug use, the benefits of healthy bodies, and the benefits of buckling up.

Examples

In Ohio, the Morrow County Sheriff's Department and the Ohio Bridges group in Ashland held a community mock crash with graveside services for over 500 students to demonstrate the dangers of impaired driving.

In Arizona, SADD sponsored a "Valley Rally and Walk for Life." Over 400 individuals registered for the event, a walk in memory of victims of impaired driving crashes and in support of the effort to stop impaired driving crashes.

In Hawaii, over 2,100 students attended the 7 *Strides for Safety* events sponsored by the Hawaii Department of Education's Youth Traffic Safety Project. Activities included an assembly and an all-day educational conference.

Another event was hosted by the BACCHUS chapter at Fort Hays State University. The chapter sponsored a safety belt relay competition for over 600 elementary and middle school youth in Ellis County, Kansas.

Strides for Safety Is a Collaborative Project of NOYS

What is NOYS?
The National Organizations for Youth Safety (NOYS) is a coalition of national organizations involved in youth safety and health. NOYS is a fairly new group, having been formed in 1994, but has grown to over 40 participating organizations, each bringing to the group its own organization's special skills, resources, and contributions.

Youth Safety Leadership Summit '97
During August 15-17, 1997, NOYS held the Youth Safety Leadership Summit in Atlanta, GA. The summit was sponsored by the National Highway Traffic Safety Administration (NHTSA) and the Allstate Insurance Company. It was attended by approximately 90 youth participants representing 15 NOYS organizations. The youth participants received information on NOYS member organizations, leadership skills development, and safety issues. They were given the task of developing action plans on how to hold *Strides for Safety* events at the organization, school, community, state, and national level.

NOYS will help carry out and use the plans of action over the next year to show their support, save more young lives, and help build strong safety networks among the member organizations.

Youth Fatalities Overheads

This piece contains six charts and graphs that illustrate statistics about youth traffic fatalities:

- Youth Fatalities (Ages 15-20), Alcohol vs. Non-Alcohol-Related, 1982-1996
- Youth Fatalities (Ages 15-20), Motor Vehicle Deaths, 1982-1996
- Cumulative Estimated Number of Lives Saved by Minimum Drinking Age Laws, 1975-1996
- 1996 Motor Vehicle Traffic Fatalities by Use of Restraints (Seat Belts and Motorcycle Helmets)
- 1996 Youth Traffic Fatalities by Age: Unrestrained/Unhelmeted and Total
- 1996 Youth Traffic Fatalities by Age: Excessive Speed Involved and Total
- 1996 Youth Traffic Fatalities by Age: Alcohol-Related and Total

Use the charts and graphs to make transparency overheads for presentations to school and community groups and organizations.

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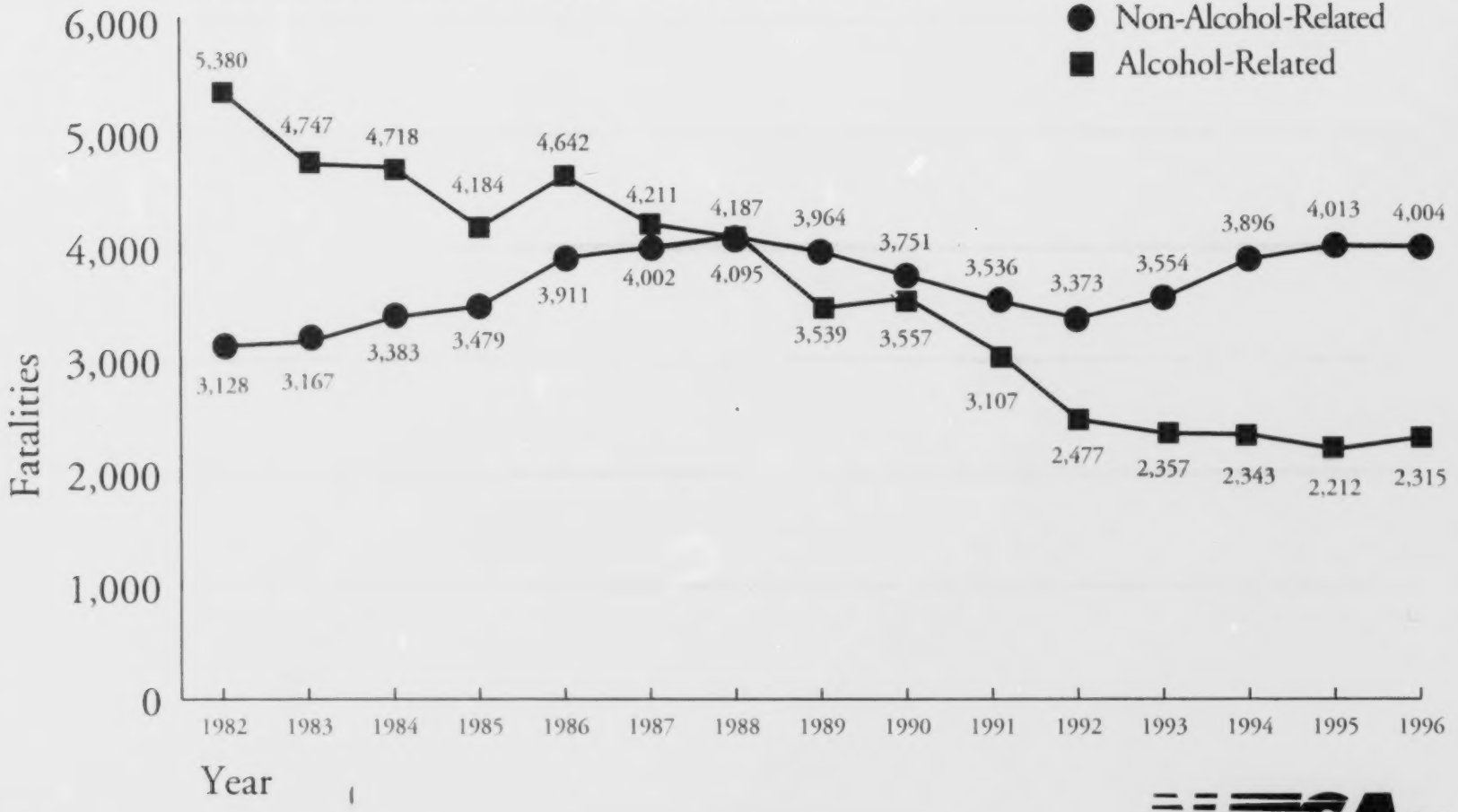
Youth Fatalities (Ages 15-20)

Alcohol vs. Non-Alcohol-Related, 1982-1996



Note: Alcohol-related fatalities include youths hit by older impaired drivers

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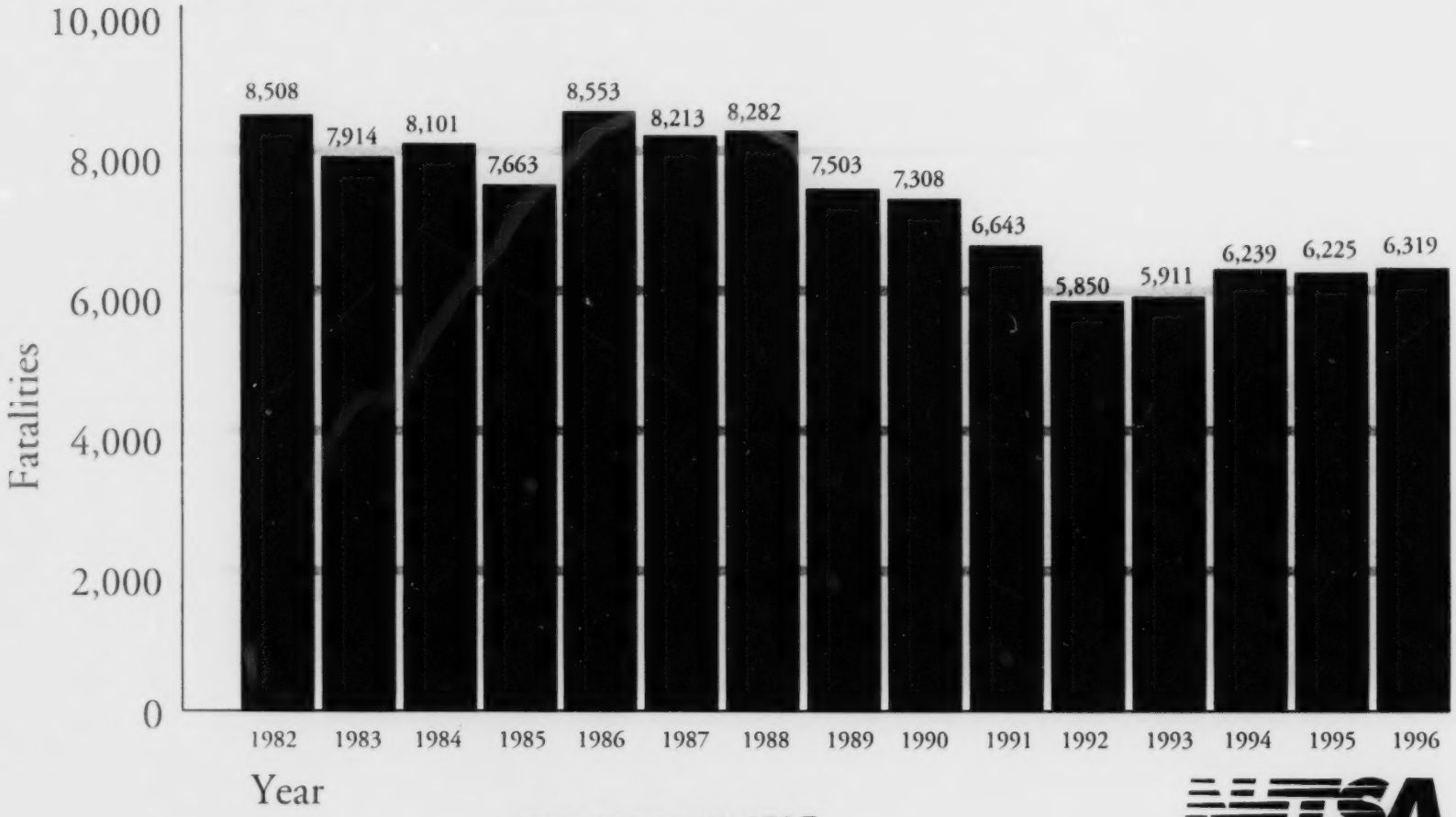
Youth Fatalities (Ages 15-20)

Motor Vehicle Deaths, 1982-1996



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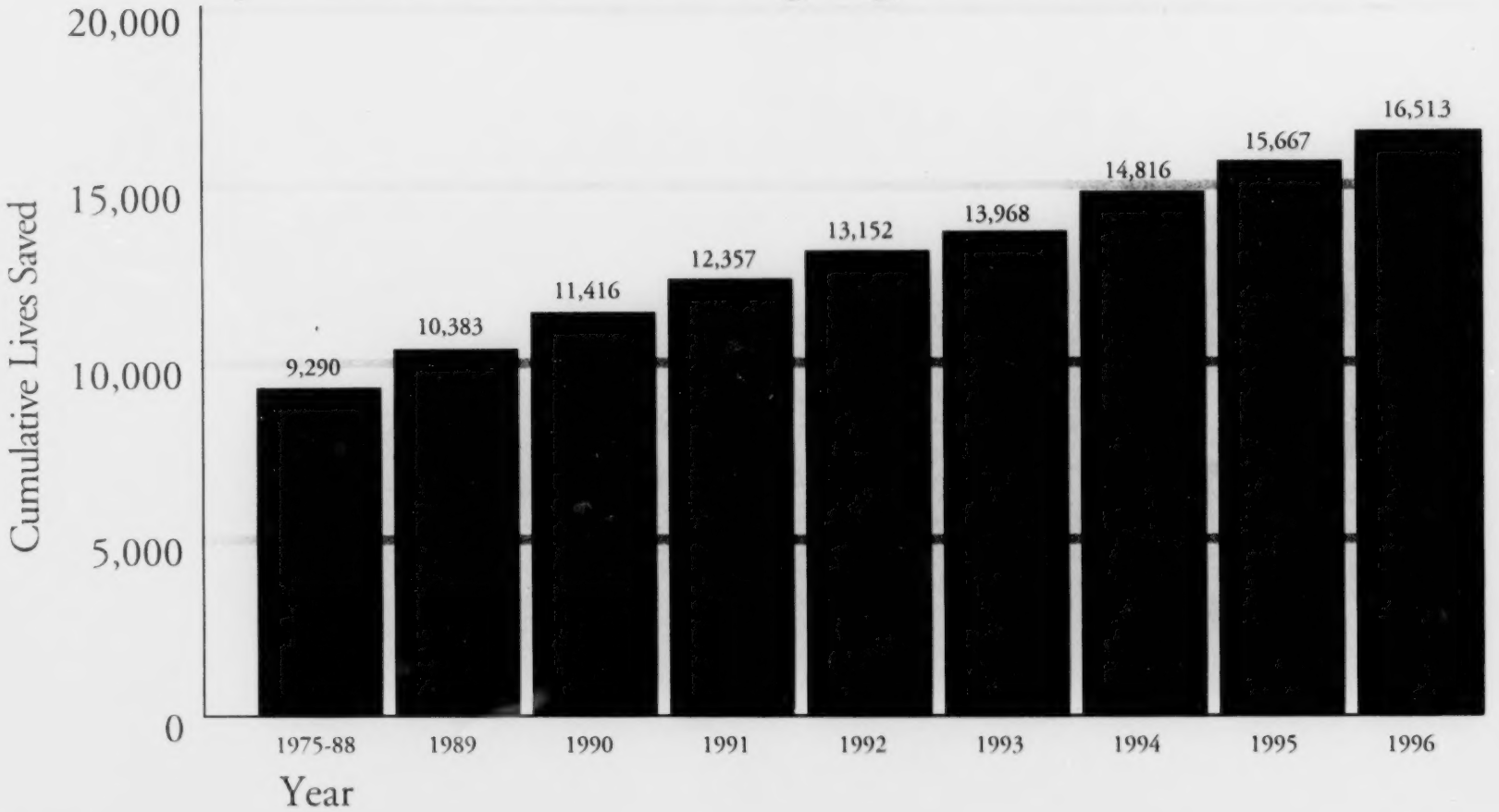
Cumulative Estimated Number of Lives Saved by Minimum Drinking Age Laws, 1975-1996



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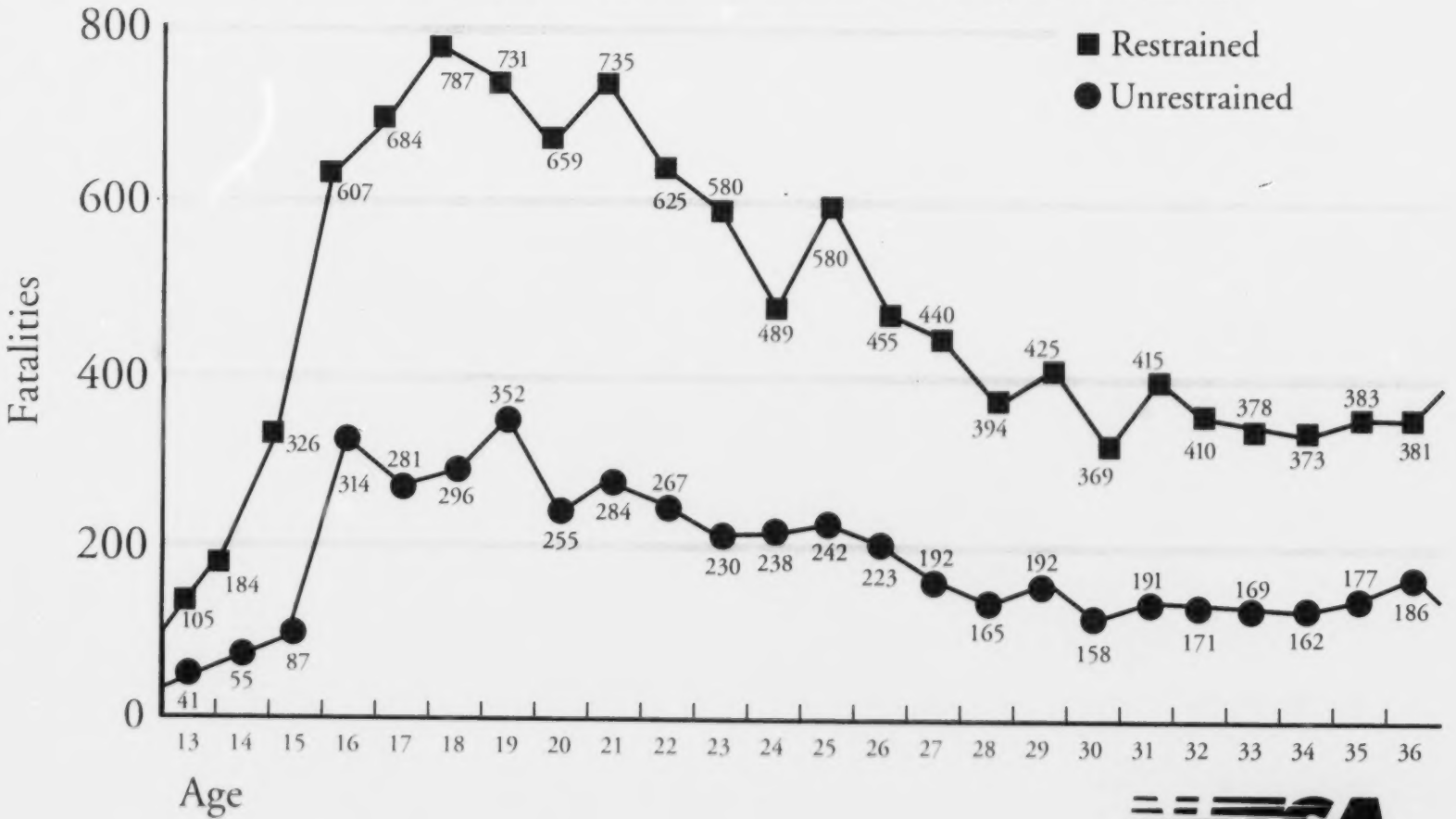
1996 Motor Vehicle Traffic Fatalities by Use of Restraints (Seat Belts and Motorcycle Helmets)



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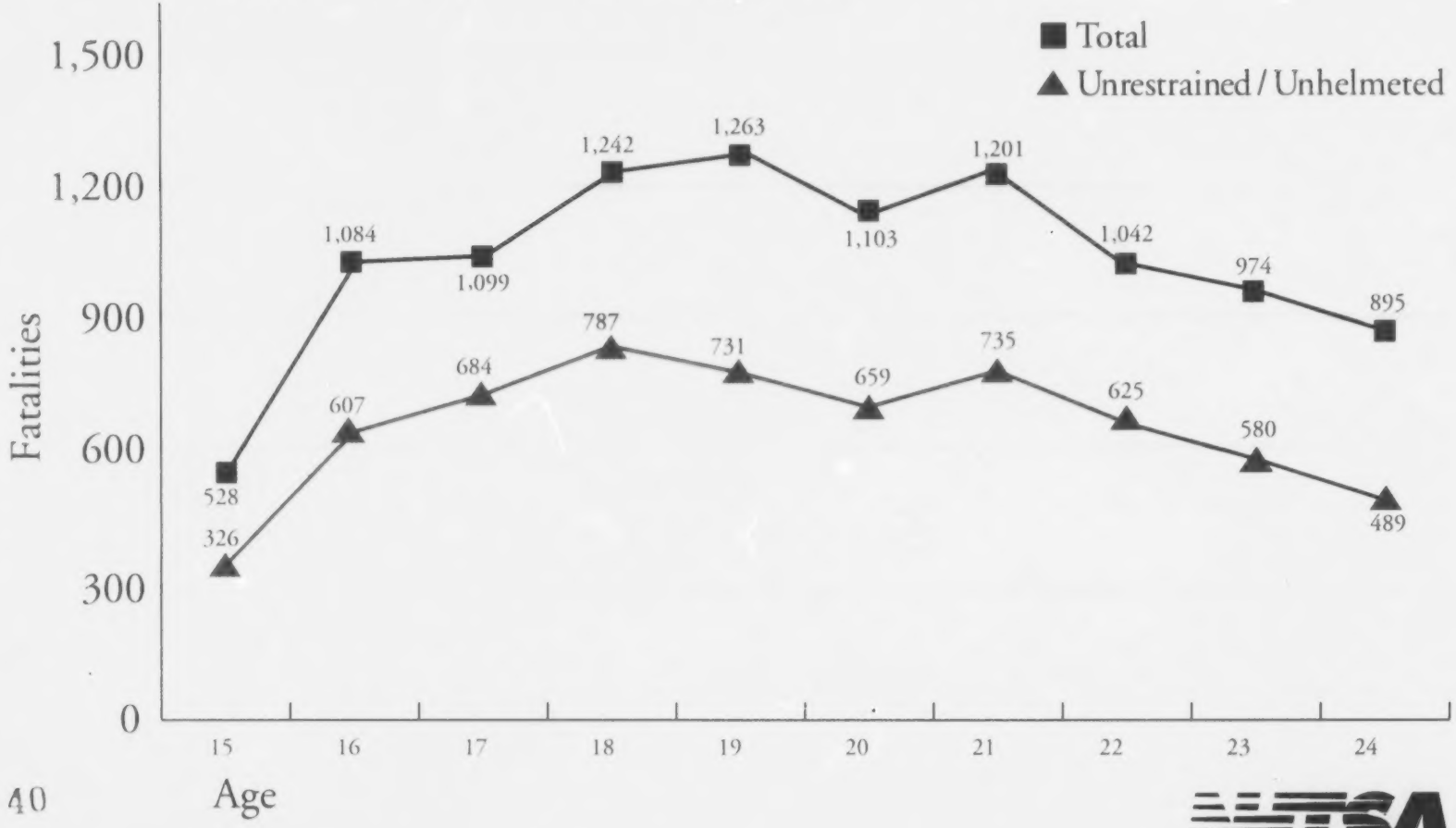
1996 Youth Traffic Fatalities by Age

Unrestrained/Unhelmeted and Total



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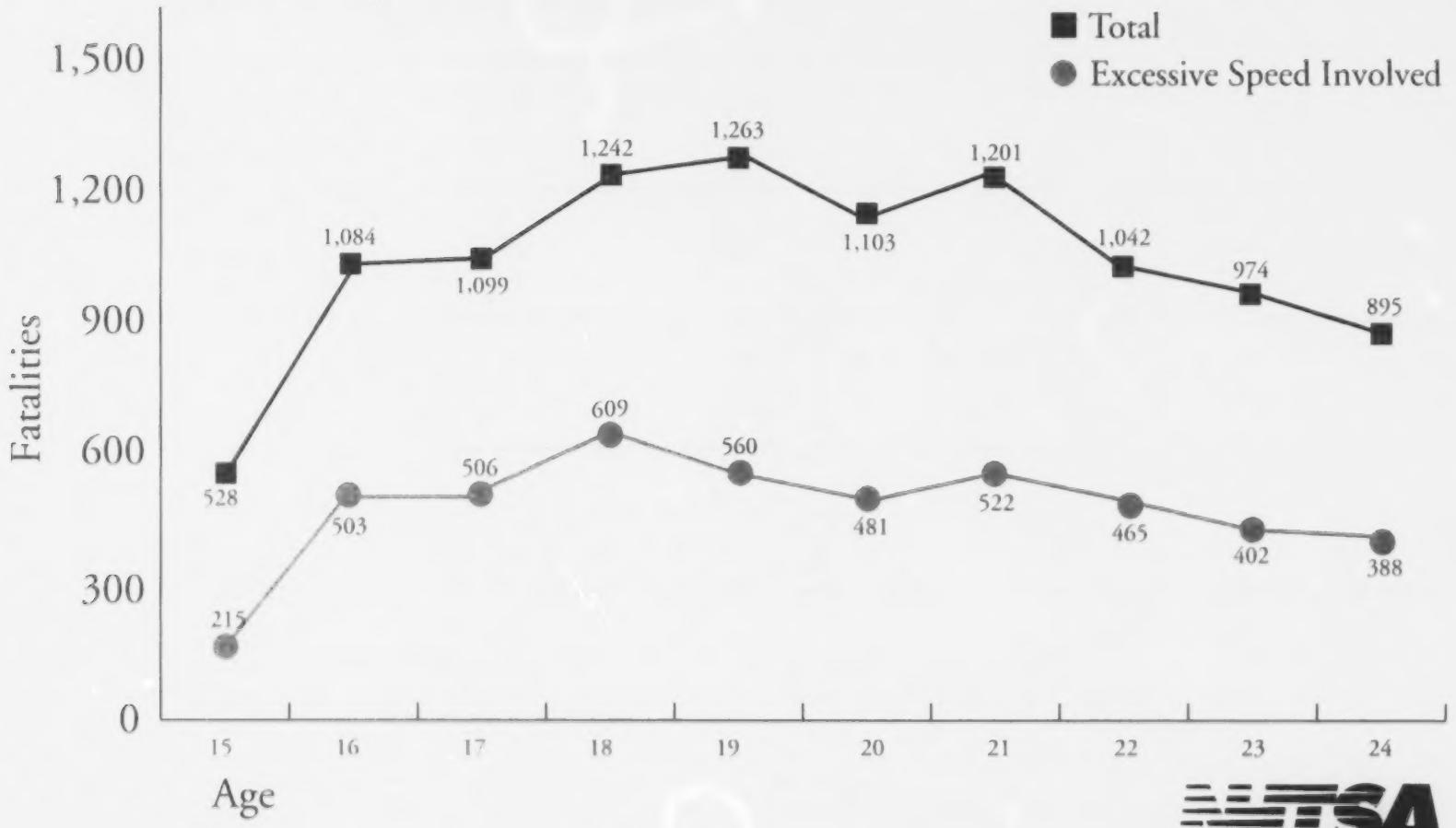
1996 Youth Traffic Fatalities by Age

Excessive Speed Involved and Total



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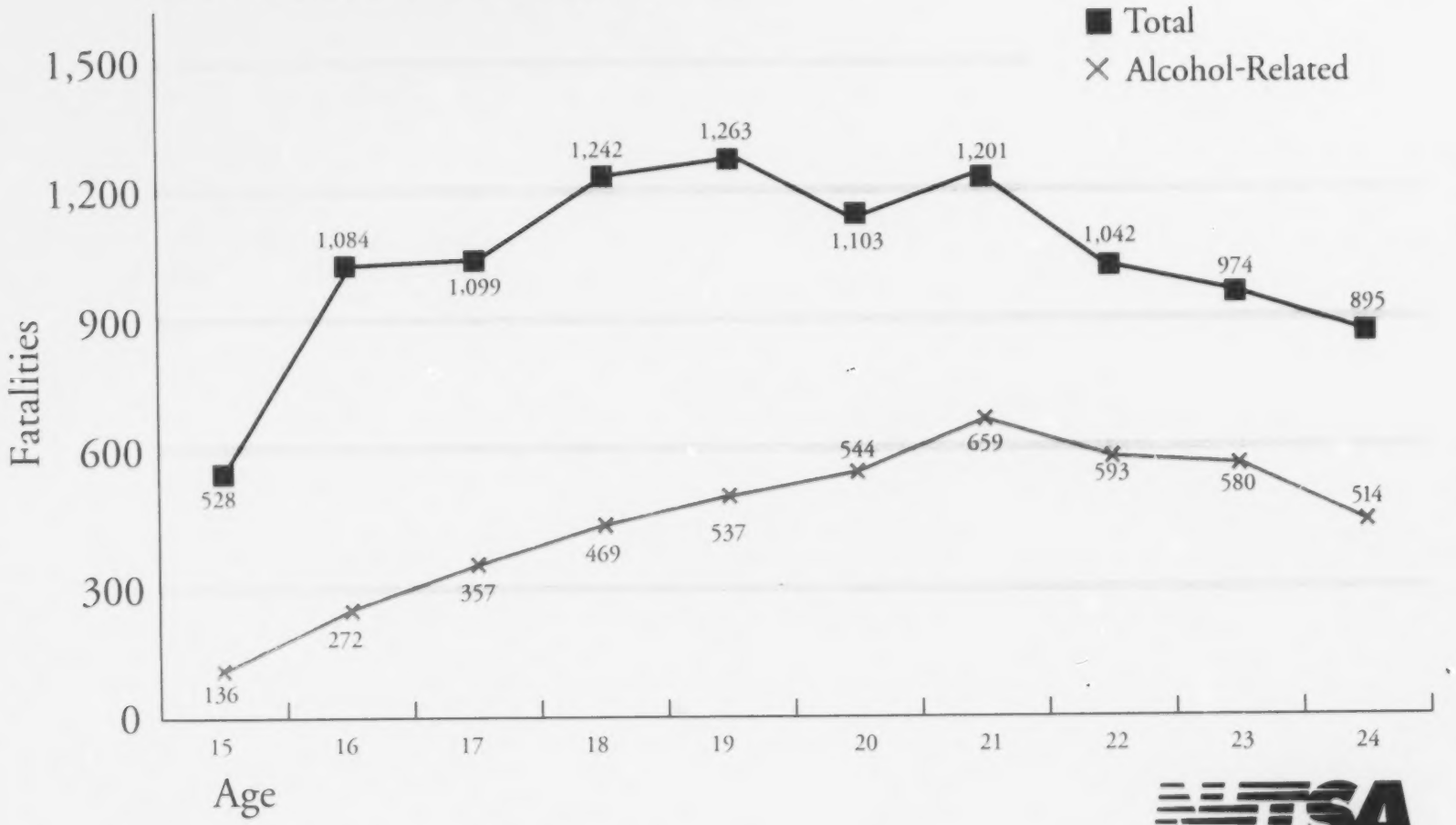
1996 Youth Traffic Fatalities by Age

Alcohol-Related and Total



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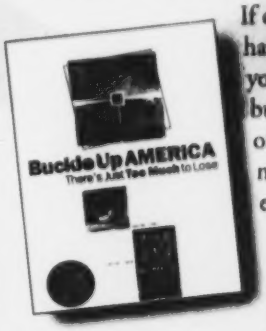
Youth and Generation X Materials Catalog

Buckle Up America: There's Just Too Much to Lose

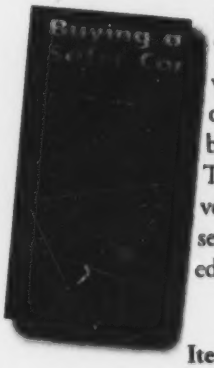


If one of your program objectives is to increase safety belt use, and you don't yet have a *Buckle Up America!* action kit, order this item today! This planner gives you the tools you need to buckle up your community, so that together we can buckle up America. It includes a campaign strategy, key messages, and a plan of action that can make a difference. There are persuasive materials for the media, community leaders, law enforcement management, employers, educators, and legislators.

Item Number: 1P1063
Format: 9" x 12", 2-color, 2-pocket folder with inserted materials
Audience: Program leaders, legislators, corporate, law enforcement
Year: 1997

Item Number: 4P1114
Format: Same as above with additional section for law enforcement agencies
Audience: Law enforcement
Year: 1997

Buying A Safer Car for Child Passengers



Buying a new or used vehicle can be exciting, but it can also be overwhelming. This brochure gives consumers a vehicle safety checklist, identifies model year 1998 vehicles that have features that enhance child passenger safety, such as air bag on-off switches, built in child seats, and center rear seat lap and shoulder belts. The brochure also discusses possible vehicle/child safety seat incompatibility problems. This information will help consumers narrow their list and focus on compatible vehicles before they go auto shopping. Consumer-oriented auto dealers, child safety seat retailers, banks and credit unions, child safety seat retailers, and child safety seat educators will want to provide this brochure to their customers.

Item Number: 8P0017
Format: Brochure
Audience: Parents, health educators, program leaders, general public
Year: 1998

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February 1998

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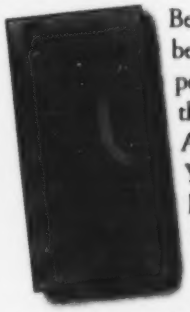
Caminando a Través de los Años - Seguridad Peatonal Para Niños (Walking Through the Years - Pedestrian Safety for Children) Program



Because Hispanic children have been identified as high risk for pedestrian injuries and fatalities, the Caminando a Través de los Años (Walking Through the Years) pedestrian safety program has been created. This program identifies the most common pedestrian risks and concerns faced by children, and offers prevention methods to help children avoid them. The bilingual materials include a color brochure, an educator's guide, and a 30-minute video "telenovela." The telenovela format captures the attention of the audience and educates while it entertains. Parents, grandparents, caregivers, educators, law enforcement personnel, and community traffic safety advocates who work with Hispanic families should have these materials as a resource.

Item Numbers: 6P0112 (brochure); 6P0113 (guide); 6A0019 (video)
Format: Kit
Audience: Parents, grandparents, caregivers, educators, law enforcement personnel, and community traffic safety advocates who work with Hispanic families
Year: 1998

Kids Aren't Cargo

Truck beds are for cargo, not kids! This flyer, intended for parents and caregivers, explains the danger of transporting children in the cargo/area of trucks. The flyer can be easily reproduced and used at fairs and conferences or sent home with school children.

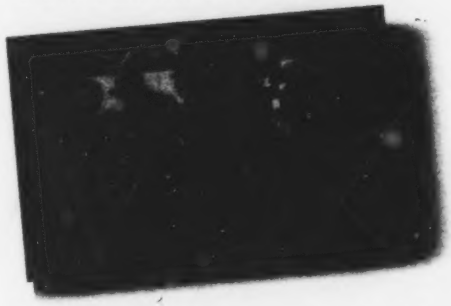
Item Number: 1P1024
Format: Black and white, 4" x 9" flyer
Audience: Parents, health educators, general public
Year: 1997

The Case for Graduated Driver Licensing

Promote the benefits of adopting a graduated driver licensing system with this informative booklet. Because teens are over-represented in crashes, the National Highway Traffic Safety Administration (NHTSA) and the American Association of Motor Vehicle Administrators (AAMVA) developed a three-stage license merit system that has reduced crashes and traffic violations where it has been implemented This booklet answers questions most often asked by state legislators, public health officials, public and private interest organizations, and state highway safety officials about graduated driver licensing.

Item Number: 2P1043
Format: Booklet
Audience: Legislators, motor vehicle administrators, highway safety advocates, media
Year: 1997

Don't Let This Be the Reason for Your Next Family Gathering: Don't Drink and Drive



Families are too often shattered by the effects of impaired driving. This poster depicts an African American family's grief at the grave site of a loved one who has been the victim of impaired driving. Display this poster in schools, churches, and community youth clubs as a constant reminder that alcohol-related deaths can be prevented.

Item Number: 2P1022
Format: Full color, 11" x 17" poster
Audience: African Americans, junior and senior high school students
Year: 1996

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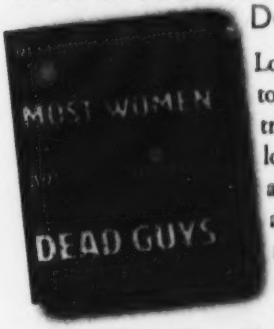
The Eye of the Tiger

Include this comic book in prevention programs to teach junior and senior high school students the hazards of teen impaired driving. This entertaining comic book depicts scenes of urban life among young Asian Americans. Younger children will learn while using it as a coloring book. Social agencies and community language classes might offer it to students learning English as a second language to help them with conversational English.

Item Number: 2P1023
Format: Full-color cover, black and white interior, 6.75" x 10", 12-page booklet
Audience: Asian Americans, driver educators, junior and senior high school students
Year: 1995

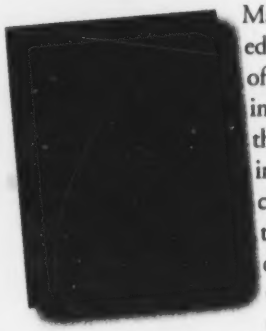
Research Shows That Most Women Aren't Attracted to Dead Guys



Looking for something to start a conversation on traffic safety issues? This locker-sized poster, uses an attractive blond astride a motorcycle to catch young men's eyes. It reinforces the message that alcohol and motorcycles are a lethal mix. Program leaders will find that this poster works well with other materials that emphasize that hanging onto the good life requires other safe driving habits such as the responsible use of alcohol, not speeding, being courteous on the road, and wearing safety belts.

Item Number: 6P0111
Format: 1-color, 8.5" x 11" poster
Audience: Senior high school students, young drivers
Year: 1998

Is This Child on the Road to Danger? Child Transportation Safety Materials Review and Evaluation Tool



Many child passenger safety educational materials are out-of-date and contain inaccurate information. Public agencies that provide training and instructional materials for child passenger safety need this booklet to assess their current materials in circulation to determine which ones need to be updated.

Item Number: 1P1074
Format: 2-color, 16 page booklet
Audience: Health educators, medical, law enforcement, public health, program managers
Year: 1997

Saved by the Air Bag: Air Bag Success Stories

This brochure not only tells you about the thousands of people saved by air bags, but also puts a face on the issue by highlighting individuals and families that have been saved because they were properly buckled up and had air bags. Read about and see survivor photos from crashes involving an 8-month pregnant woman, a short statured woman, and a family of 4 having 2 children safely buckled in the appropriated child restraints in the back. This brochure is an excellent tool to supplement media activities and educational programs on air bag safety.

Item Number: 1P1079
Format: Brochure
Audience: Highway safety advocates, national organizations, media, general public
Year: 1997

CONTACT

* Items included in this Planner
● Items not shown in this Materials Catalog

Person

Organization

Street Address (no PO Boxes)

City/State/Zip

Phone

ITEM NUMBER	TITLE	QUANTITY
1P1076	Air Bags & On-Off Switches: Information for an Informed Decision Brochure ●	
2P1045	Alcohol Poisoning Article *●	
1P1063	Buckle Up America: There's Just Too Much to Lose Planner	
4P1114	Buckle Up America: There's Just Too Much to Lose Planner (with Law Enforcement Section)	
8P0017	Buying A Safer Car for Child Passengers Brochure	
6P0112 - Brochure 6P0113 - Guide 6A0019 - Video	Caminando a Través de los Años - Seguridad Peatonal Para Niños (Walking Through the Years - Pedestrian Safety for Children) Program	Brochure Guide Video
6P0117	Campus Wise Cycling Article *●	
2P1043	The Case for Graduated Driver Licensing Booklet	
2P1022	Don't Let This Be the Reason for Your Next Family Gathering: Don't Drink and Drive Poster	
2P1046	Drug Impaired Driving Article *●	
2P1023	The Eye of the Tiger Comic Book	
1P1074	Is This Child on the Road to Danger? Booklet * Child Transportation Safety Materials Review and Evaluation Tool	
1P1024	Kids Aren't Cargo Flyer *	
4P1118	Life In the Fast Lane Flyer *●	
1P1062	A Parent's Guide to Booster Seats Brochure *●	
6P0018	Prevent Pedestrian Crashes Information Sheet *●	
1P1077	Request for Air Bag On-Off Switch Form●	
6P0111	Research Shows That Most Women * Aren't Attracted to Dead Guys Poster	
6P0087	Riding the Highway vs. Riding the High Way Poster	
1P1079	Saved by the Air Bag: Air Bag Success Stories Brochure	
6P0116	School Bus Safety Talking Points *●	
6P0098	You're Not a Kid Anymore Brochure	
1V0015	Youth Radio Public Service Announcements (PSA's) CD	

PLEASE LIMIT YOUR QUANTITIES TO:

Brochures, flyers, and handouts ____ 50 each
Posters (in any combination) ____ 20 each
"Reproducible" materials (fact sheets), manuals, guides, resource kits, etc ____ 1 each

NHTSA materials may be adapted and/or reproduced to accommodate local program needs.

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Note: State Legislative Fact Sheets and Traffic Safety Facts were included in the most recent Campaign Safe & Sober Occupant Protection Planner (Item Number: 5P0020). They may be downloaded from the NHTSA Web Site or ordered by faxing this form to 202-493-2062

CONTACT

Person

Organization

Street Address (no PO Boxes)

City/State/Zip

Phone

State Legislative Fact Sheets - January 1998

ITEM NUMBER	TITLE	QUANTITY
2P0028	0.08 BAC Illegal Per Se Level	
2P0027	Administrative License Revocation	
6P0079	Bicycle Helmet Use Laws	
2P0026	Graduated Driver Licensing System	
6P0085	Motorcycle Helmet Use Laws	
1P1035	Primary Enforcement of Seat Belt Laws Increase Belt Use Decrease Crash Fatalities and Injuries	
1P1072	Strengthening Child Passenger Safety Laws Increase Car Seat and Belt Use Decrease Crash Fatalities and Injuries	
5P0204	Vehicle and License Plate Sanctions	
2P0042	Zero-Tolerance Laws to Reduce Alcohol-Impaired Driving by Youth	

Traffic Safety Facts 1996

ITEM NUMBER	TITLE	QUANTITY
5P0005	Overview	
2P0015	Alcohol	
5P0001	Children	
2P0019	Large Trucks	
6P0028	Motorcycles	
1P0083	Occupant Protection	
6P0030	Pedalcyclists	
6P0029	Pedestrians	
5P0198	Rural Areas	
6P0031	School Buses	
4P0038	Speeding	
2P0014	State Alcohol Estimates	
5P0172	Young Drivers	

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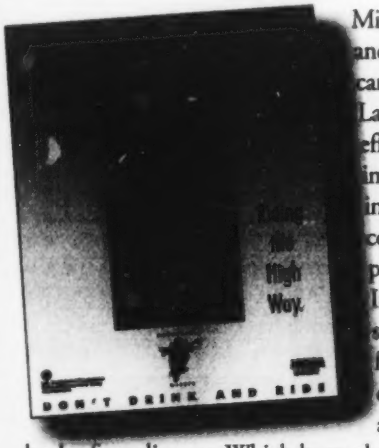
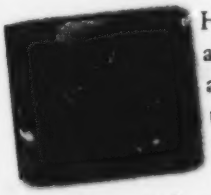
Riding the Highway vs. Riding the High Way



Mixing alcohol and motorcycling can be deadly. Law enforcement efforts that address impaired riding are increasing, and you could end up paying the price. Imagine your bike sitting or swinging from the back of a tow truck as you sit in the back of a police car. Which hurts the most? This poster is an excellent addition to any impaired driving program as well as a motorcycle safety program.

Item Number: 6P0087
Format: Full-color, 17" x 22" poster
Audience: Senior high school students, young drivers
Year: 1997

Youth Radio Public Service Announcements (PSA's)



Help get the message out about risky driving behavior among male youth with these two-fact filled PSA's. These safety belt PSA's, entitled "Lovers' Lane" and "Imagine," are just suggestive enough to grab the attention of young people, but not so suggestive as to offend anyone. Each PSA was recorded in two different musical styles to appeal to various radio formats. Use them to add interest to your health and driver education classes by stimulating discussion of risky behavior. They are also great for high school public announcement system broadcasts.

Item Number: 1V0015
Format: CD, 2:00 minutes
Audience: Young drivers, junior and senior high school students
Year: 1997

You're Not a Kid Anymore

Young fathers have more to consider than themselves. Their actions will affect their children and their family. This brochure targets motorcycle riders age 25 and younger, and urges them to ride alcohol and drug free. It uses graphic, descriptive language to convince riders of the importance of wearing a helmet and appropriate clothing, avoiding recklessness, and riding with headlights on. This brochure can be effective with other health care and traffic safety efforts that emphasize rider responsibility and its effect on others. An attractive souvenir motorcycle safety sticker is also included!

Item Number: 6P0098
Format: Full color, 4.25" x 11" brochure
Audience: Young motorcycle operators
Year: 1997

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State Bicycle and Pedestrian Coordinators

May is *National Bike Month*, and the third week in May is *Bicycle Safety Week*. Here are some tips for planning events for both of these programs:

- Determine your specific objective for this month-long celebration of bicycling.
- Create a timeline for the tasks necessary to conduct your event ideas.
- Prepare a publicity planning task list.
- Recruit and implement volunteer workers, and form committees.
- Project a potential budget for each event idea, and think about who in your community can help with funding/sponsoring each event.
- Visit NHTSA's Web site for data collection and links to the National Bicycle Safety Network database.

On the following pages is a list of State Bicycle and Pedestrian Coordinators who can provide information about projects and programs related to bicycling and walking in your state. **Full time** - F **Part time** - P

Alabama - P
Bicycle and Pedestrian Coordinator
Bureau of Multimodal Transportation
Department of Transportation
1409 Coliseum Boulevard
Montgomery, AL 36130
Phone: (334) 242-6085
Fax: (334) 262-7658

Alaska - F
Bicycle and Pedestrian Coordinator
Department of Transportation
3132 Channel Drive
Room 200
Juneau, AK 99801-7898
Phone: (907) 465-6989
Fax: (907) 465-6984

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American Samoa - F
Bicycle and Pedestrian Coordinator
Office of Highway Safety
Government of American Samoa
P.O. Box 1086
Pago Pago, AS 96799
Phone: (684) 633-2374
Fax: (684) 633-7904

Arizona - F
Bicycle and Pedestrian Coordinator
Transportation Planning Division
Department of Transportation
206 South 17th Avenue, 340B
Phoenix, AZ 85007
Phone: (602) 255-8010
Fax: (602) 256-7563

Arkansas - P
Bicycle Coordinator
Planning Division
Highway and Transportation Department
P.O. Box 2261
Little Rock, AR 72203
Phone: (501) 569-2115
Fax: (501) 569-2476

California - F
Chief, Office of Bicycle Facilities
Department of Transportation
1120 North Street
Room 4500
Sacramento, CA 95814
Phone: (916) 653-0036
Fax: (916) 654-6583

Colorado - F
Bicycle and Pedestrian Coordinator
Department of Transportation
4201 East Arkansas Avenue
Room 212
Denver, CO 80222
Phone: (303) 757-9982
Fax: (303) 757-9727

Connecticut - P
Bicycle Coordinator
Department of Transportation
P.O. Box 317546
2800 Berlin Pike
Newington, CT 06131-3028
Phone: (860) 594-2145
Fax: (860) 594-3028

Delaware - P
Bicycle and Pedestrian Coordinator
Department of Transportation
P.O. Box 778
Dover, DE 19903
Phone: (302) 739-4644
Fax: (302) 739-2251

District of Columbia - P
Bicycle and Pedestrian Coordinator
Department of Public Works
2000 14th Street, NW
7th Floor
Washington, DC 20009
Phone: (202) 939-8016
Fax: (202) 939-7185

Florida - F
State Pedestrian and Bicycle Coordinator
Department of Transportation
605 Suwannee Street, MS-82
Tallahassee, FL 32399-0450
Phone: (850) 487-1200
Fax: (850) 922-2935

Georgia - P
Bicycle and Pedestrian Program Coordinator
Department of Transportation
2 Capital Square
Room 352
Atlanta, GA 30334-1002
Phone: (404) 657-6692
Fax: (404) 656-0584

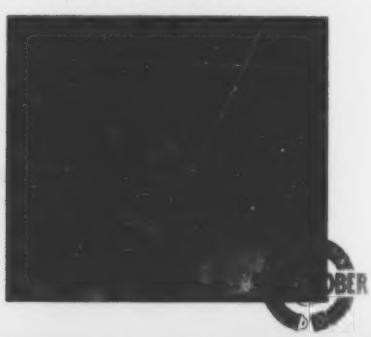
Guam
Highway Safety Coordinator
Guam Public Works
Office of Highway Safety
P.O. Box 2950
Agaña, GU 96910
Phone: (671) 646-3211
Fax: (671) 646-3733

Hawaii - P
Department of Transportation
Highways Division/Traffic Branch
869 Punchbowl Street
Room 120
Honolulu, HI 96813
Phone: (808) 587-2321
Fax: (808) 587-2339

Idaho - P
Bicycle and Pedestrian Coordinator
Department of Transportation
Box 7129
Boise, ID 83707-1129
Phone: (208) 334-8272
Fax: (208) 334-4432

Illinois - F
Bikeway and Pedestrian Program Manager
Department of Transportation
2300 South Dirksen Parkway
Room 330
Springfield, IL 62764
Phone: (217) 782-3194 or 785-2148
Fax: (217) 524-9357

Indiana - P
State Bicycle/Pedestrian Coordinator
Planning and Programming Division
Department of Transportation
100 North Senate Avenue
Room IGCN-901
Indianapolis, IN 46204-2249
Phone: (317) 232-5653
Fax: (317) 232-1499



Iowa - F
Bicycle Program Coordinator
Department of Transportation
800 Lincoln Way
Ames, IA 50010
Phone: (515) 239-1621
Fax: (515) 239-1982

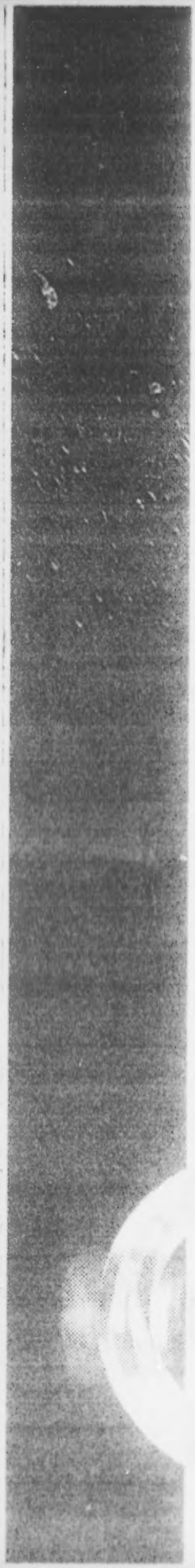
Kansas - P
Bicycle and Pedestrian Coordinator
Department of Transportation
217 Southeast 4th Street
Thacher Building
2nd Floor
Topeka, KS 66603
Phone: (785) 296-7448
Fax: (785) 296-0963

Kentucky - F
Bikeway and Pedestrian Coordinator
Division of Multimodal Programs
Transportation Cabinet
Frankfort, KY 40622
Phone: (502) 564-7433
Fax: (502) 564-4422

Louisiana - P
Bicycle and Pedestrian Coordinator
Department of Transportation
P.O. Box 94245
Capitol Station
Baton Rouge, LA 70804-9245
Phone: (504) 358-9115
Fax: (504) 358-9160

Maine - F
Bicycle and Pedestrian Coordinator
Office of Passenger Transportation
Department of Transportation
16 State House Station
Augusta, ME 04333-0016
Phone: (207) 287-3318
Fax: (207) 287-8300

Maryland - F
Bicycle and Pedestrian Coordinator
State Highway Administration
P.O. Box 717
707 North Calvert Street
Baltimore, MD 21203-0717
Phone: (410) 545-5656
Fax: (410) 333-6717



Massachusetts - F
Bicycle-Pedestrian Program Coordinator
Highway Department
10 Park Plaza
Room 4150
Boston, MA 02116-3973
Phone: (617) 973-7329
Fax: (617) 973-8035

Michigan - F
Non-Motorized Coordinator
Bureau of Transportation Planning
Department of Transportation
P.O. Box 30050
Lansing, MI 48909
Phone: (517) 335-2823
Fax: (517) 373-9255

Minnesota - F
Bicycle Coordinator
Department of Transportation
Mail Stop 315 Kelly Inn Annex
395 John Ireland Boulevard
St. Paul, MN 55155-1899
Phone: (612) 296-9966
Fax: (612) 296-0590

Pedestrian Coordinator
Department of Transportation
Mail Stop 315 Kelly Inn Annex
395 John Ireland Boulevard
St. Paul, MN 55155-1899
Phone: (612) 296-5269
Fax: (612) 296-0590

Mississippi - P
Transportation Planner
Department of Transportation
P.O. Box 1850
Jackson, MS 39215-1850
Phone: (601) 359-7685
Fax: (601) 359-7652

Missouri - P
Bicycle and Pedestrian Coordinator
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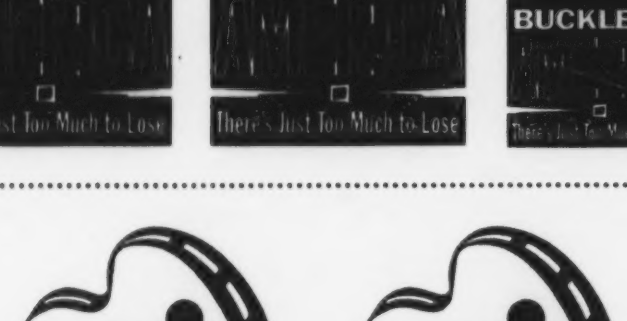

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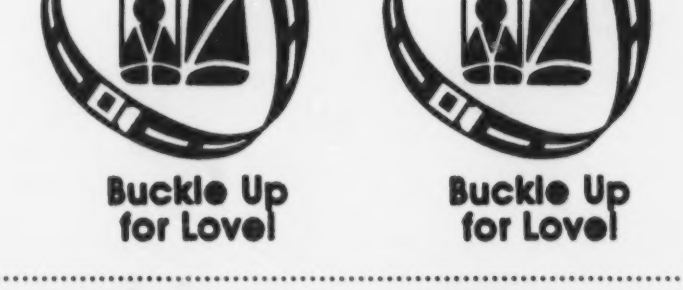

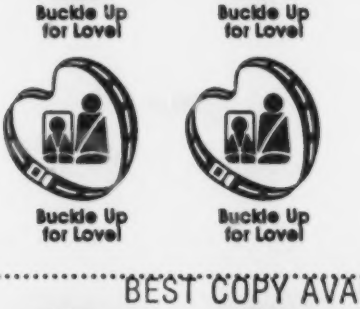

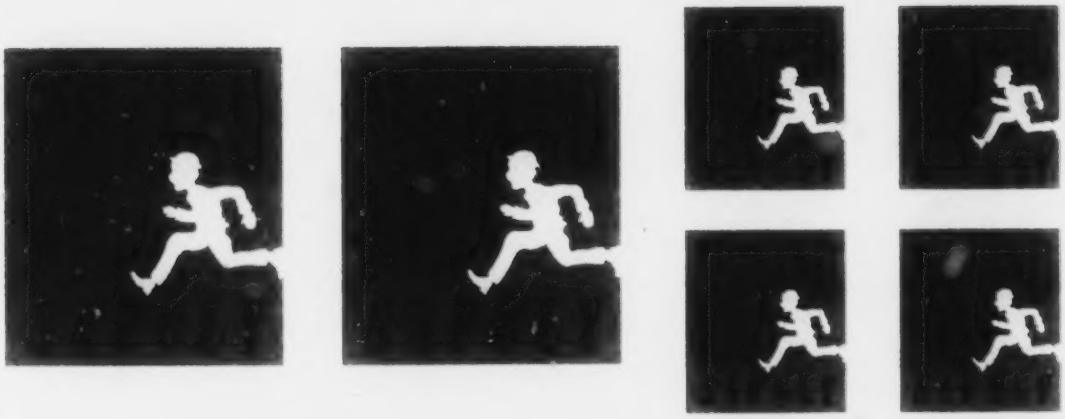

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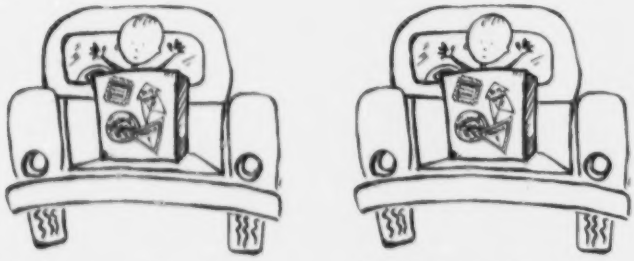
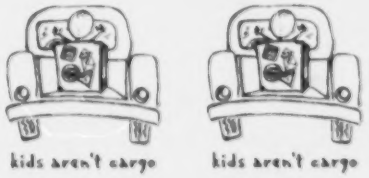


kids aren't cargo

kids aren't cargo



kids aren't cargo

kids aren't cargo

kids aren't cargo

kids aren't cargo

CHILD PASSENGER SAFETY ADVOCACY

A job for Life

CHILD PASSENGER SAFETY ADVOCACY

A job for Life

CHILD PASSENGER SAFETY ADVOCACY

A job for Life

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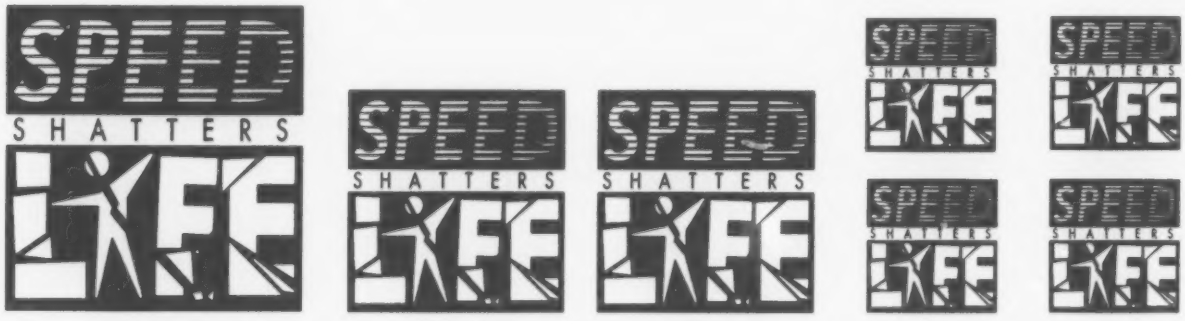

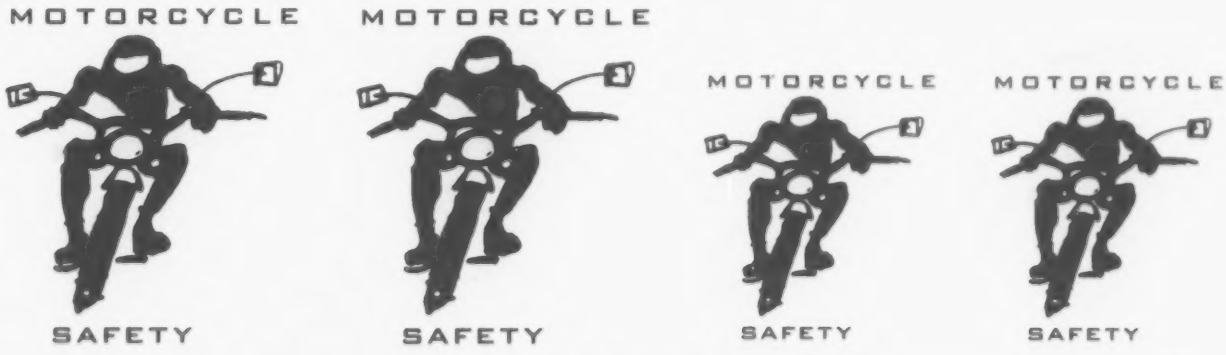

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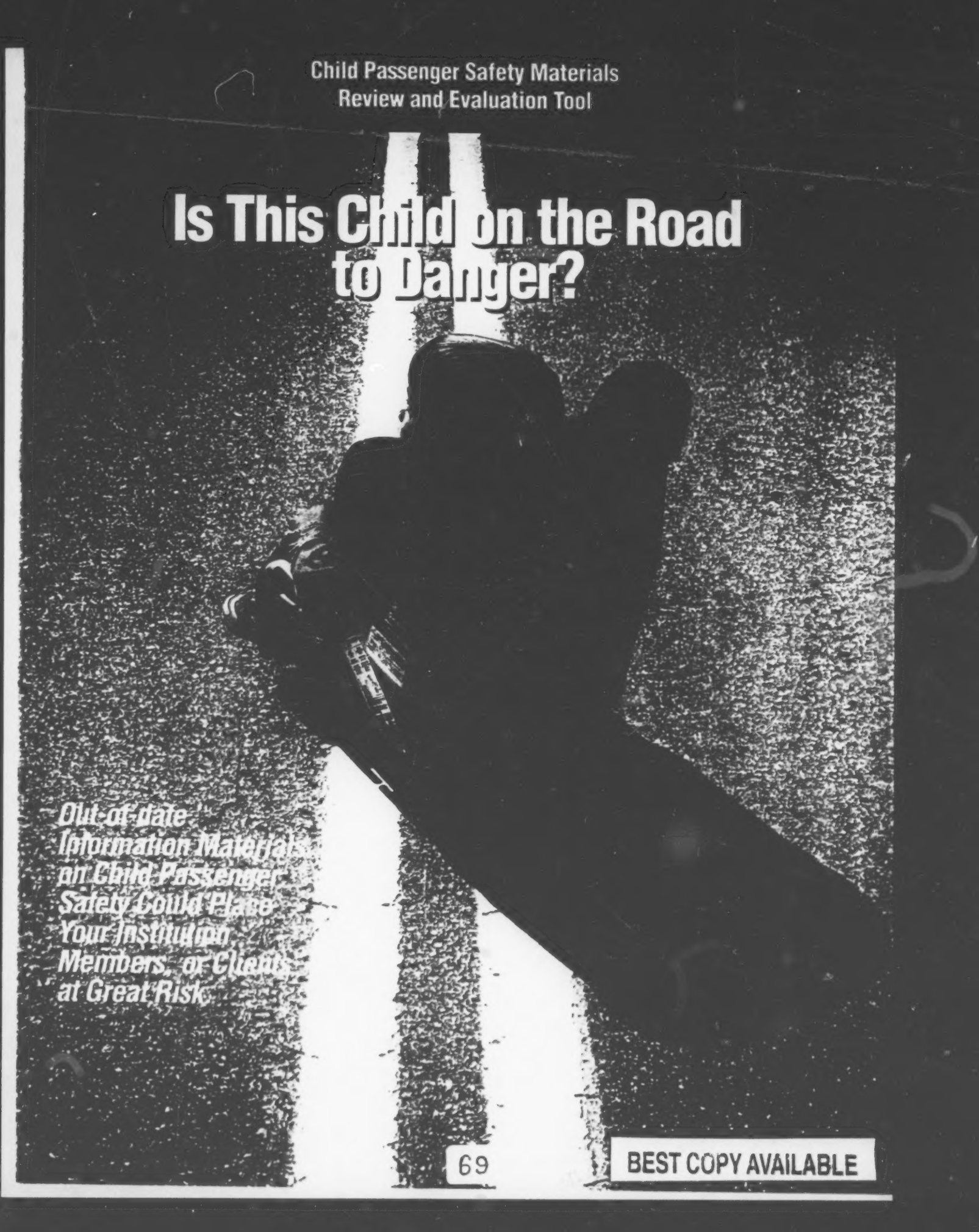
Child Passenger Safety Materials
Review and Evaluation Tool

Is This Child on the Road to Danger?



Out-of-date Information Materials on Child Passenger Safety Could Place Your Institution, Members, or Clients at Great Risk

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Accurate Information Is the Critical Difference.

Infant Death *In 1995, parents of a newborn baby girl were shown a 1989 car seat instructional video before discharge from a maternity hospital. The video recommended transporting the infant in a restraint in the front seat so the driver could monitor the infant. This was routine advice only a few years ago. No mention was made of the hazard of a passenger frontal air bag to an infant, because that had not been an issue when the video was made.*

Within a month of birth, the infant died from injuries due to the impact of the air bag during a crash in the parents' new car. Her mother survived with minor injuries. The hospital was sued and has been severely criticized for using a video that failed to warn about this new hazard. The parents did not notice the warning flyer they received in their hospital packet!

Child Safety *Early last year, during a routine child safety seat check by law enforcement officers, two expectant parents were shown how to correctly install a child safety seat for their expected child. The officers explained the importance of installing it in the rear seat of the vehicle.*

Six months later, the "new" parents and their baby were involved in a traffic crash. The child was found safe and secure in a correctly installed child safety seat. The parents had followed the directions of the police officers and had remembered the important public service message of putting children in the rear seat.

Child Passenger Safety Materials Review and Evaluation Tool

ew issues regarding child safety seats are critical to understand. Today, these issues center around air bag safety, selection of products for children who are very small or large for their age, and incompatibility of safety seats with vehicle design. Every day parents read and view consumer material that depicts unsafe practices and lacks current information. If you are distributing brochures, videos, or other literature that does not address today's safety issues accurately, you could be placing your agency, your members, or your clients at great risk.

How to use this Guide.

To be certain the materials your office, agency, or institution uses and distributes are accurately promoting the safest use of child restraints, you need to:

- Review existing materials annually. Use this guide today and updated criteria in future years.
- Throw out those containing information that could be hazardous.
- Replace materials that are no longer accurate and up-to-date.
- Evaluate products carefully before purchase or during development of new materials.
- Use peer review when creating new materials.
- Complete and return the Inventory Worksheet in the back of this guide to help us reduce injuries and fatalities due to inaccurate information.

Why is periodic evaluation of child passenger safety materials so critical?

- Automobile and child safety seat designs are changing constantly.
- Proper use is a matter of life and death.
- Inaccurate materials could result in personal, organizational, or institutional liability.

What are today's critical issues?

In 1997, it is especially important to know that:

- Air bags are hazardous to infants and children age 12 and under.
- Infants should ride facing the rear until they are at least one year of age and weigh at least 20 pounds.
- All children are safer in the rear seat in any vehicle.
- Secure anchorage of a safety seat in a vehicle is essential, but may be very difficult.
- The vehicle owner's manual is a source of vehicle-specific information on anchorage of child restraints. However, in some aspects of child passenger safety a manual may not be up-to-date or may be unclear.
- Access to educational materials with an easy reading level and multiple languages is essential to give parents in our diverse population the information they need.

The guide is divided into two parts.

Part One: Critical Issues

A brief checklist for finding the major problems with existing materials, particularly flyers and pamphlets that offer limited but critical information. Comprehensive material, such as videos and training manuals, should also pass this easy checklist.

Part Two: Comprehensive Guidelines

This checklist should be used to evaluate sources claiming to provide comprehensive information, such as instruction booklets, videos, and training materials. This section should also be consulted by individuals who are writing and producing any materials related to the proper use of child restraints.

This guide follows current "best practices" as defined by research and organizations such as the American Academy of Pediatrics. Not all products comply with "best practices". The checklists in this guide offer criteria to use as of September 1997.

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P A R T O N E

Critical Issues

Basic Review Criteria for Evaluating Coverage of Critical Issues

These criteria provide a guide for evaluating your materials for the most critical issues in child passenger safety today. This will allow you to be confident that you are receiving and providing accurate information. Follow this checklist to review any information you use, from printed flyers and pamphlets, to videos and training materials. Check the items that **are included** in the materials you are reviewing.

1. OUTDATED INFORMATION

If your materials advise or depict any of the following, destroy the supply and replace it immediately.

☐ **Putting an infant in a rear-facing restraint in the front seat, with or without a passenger frontal air bag.**
BECAUSE: Rear-facing infant in front seat can be killed by the passenger air bag.

☐ **Children ages 12 and under riding in front seat, with or without a passenger frontal air bag.**
BECAUSE: Forward-facing children (ages 12 and under) risk serious injury from passenger frontal air bags, especially if they are not wearing lap/shoulder belts correctly or sitting too close to the dashboard.

☐ **Facing infant forward at 20 lbs. or when infant can sit up, without regard to age.**
BECAUSE: Best practice — Encourage transporting infants rear-facing in the back seat as long as possible (to at least age one) to protect from neck and spinal injury. American Academy of Pediatrics now recommends that infants ride rear-facing to at least age one and at least 20 lbs. A growing number of new products can be used this way.

☐ **Moving child directly to a safety belt from a convertible safety seat.**
BECAUSE: Most children up to age 6-8 need booster seats to achieve correct fit with vehicle lap/shoulder belts. Lap only belts can cause seat belt syndrome (spinal and abdominal injury) due to poorly fitting safety belts; belt lying across abdomen instead of thighs. Some booster seats are appropriate up to about 80 lbs. but few children use them.

2. IMPORTANT NEW UP-TO-DATE INFORMATION

If your materials fail to mention any of the following, replace them as soon as possible. In the interim, add educational materials from the National Highway Traffic Safety Administration and the Air Bag & Seat Belt Safety Campaign.

☐ **The hazard of a passenger frontal air bag to rear-facing infants in the front seat.**
BECAUSE: Air bags can cause death or serious brain injury by striking the back of the child restraint.

☐ **The potential hazard of a passenger frontal air bag to a child age 12 and under facing forward in the front seat.**
BECAUSE: Air bags can cause death or serious head and neck injuries, especially when a child is riding unrestrained or incorrectly restrained.

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☐ **Keeping the infant facing the rear up to at least one year of age and at least 20 lbs.** *BECAUSE:* Rear-facing position cradles the baby's large, heavy head and protects weak neck and back from spinal injury.

☐ **Using a booster seat rather than a safety belt, for a child who has outgrown a convertible or toddler model, but who is not big enough to fit adult safety belts.** *BECAUSE:* Booster seats position the lap or lap/shoulder belts to fit the small child properly, reducing the risk of belt-related injury. Boosters recommended up to 80 lbs.

☐ **The need to install the safety seat securely.** *BECAUSE:* Incompatibilities between safety seats and vehicles are common and pose a potential risk of injury. Secure installation is essential.

☐ **The benefit to all children of riding in the rear seat.** *BECAUSE:* The rate of injury is lower for rear seat passengers than for front seat occupants, regardless of the presence of a passenger frontal air bag.

3. READABILITY REVIEW

If your materials are limited in the following ways, add multi-lingual materials and information written at a fifth-grade level.

☐ **Reading level above grade 8.** *BECAUSE:* Average reading level for US population is grade 8.

☐ **Availability in English** only in areas with diverse populations. *BECAUSE:* All family members, including grandparents, need to receive information on child passenger safety in a form they can understand. Consider materials with clear photos or drawings and minimal text when translations from English are not available.

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Critical Issues Checklist

Please duplicate this form and use it to evaluate any materials you are using or plan to use which include BASIC information on child passenger safety.

DESTROY AND REPLACE your materials if they advise or depict:

- ☐ Putting an infant in a rear-facing restraint in the front seat, with or without a passenger frontal air bag.
- ☐ Children ages 12 and under riding in front seat, with or without a passenger frontal air bag.
- ☐ Facing infant forward at 20 lbs. or when infant can sit up, without regard to age.
- ☐ Moving child directly to a safety belt from a convertible safety seat.

PROVIDE ADDITIONAL MATERIALS if they fail to mention:

- ☐ The hazard of a passenger frontal air bag to rear-facing infants in the front seat.
- ☐ The potential hazard of a passenger frontal air bag to a child age 12 and under facing forward in the front seat.
- ☐ Keeping the infant facing the rear up to at least one year of age and at least 20 lbs.
- ☐ Using a booster seat rather than a safety belt, for a child who has outgrown a convertible or toddler model, but who is not big enough to fit adult safety belts.
- ☐ The need to install the safety seat securely.
- ☐ The benefit to all children of riding in the rear seat.

ADD MATERIALS AND INFORMATION if your materials are limited to:

- ☐ Reading level above grade 8.
- ☐ Availability in English only in areas with diverse populations.

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P A R T T W O

Comprehensive Guidelines

In-depth Information for Reviewing, Evaluating, and Producing Consumer Materials

Instruction booklets, videos, slide shows, handbooks, and training materials should include all the instruction and information below. Even materials that present limited information, such as pamphlets and flyers, should be consistent with this checklist. Check the items that **are included** in the materials you are reviewing.

1. AIR BAG SAFETY

If existing materials have no warning about air bags, immediately add supplemental materials with air bag information and replace old materials as soon as possible.

☐ **How to know if a vehicle has a passenger frontal air bag**
The letters "SRS," "IRS," "SIR" or the words "air bag" may be embossed on dash, or there will be a warning sticker on visor; consult owner's manual. In some vehicles, there may be no obvious indicator on the dashboard (clues might include no glove box or one that is mounted very low on dash).

☐ **How an air bag can kill**
Deploys with high energy, hitting objects close to dash such as the back of rear-facing seat or the older improperly or unrestrained child, age 12 and under, who slides forward during pre-impact braking. (The air bag does NOT smother child). Incorrect belt use by children: permitting the child to place the shoulder belt behind the back, or to perch on the edge of the seat while wearing lap and shoulder belts.

☐ **Air bag on-off switches**
Owner's manuals should be checked for information about special occupant protection devices built into a vehicle. Some vehicles with no back seat have an on-off switch to turn off the passenger air bag while an infant or child is in place. A few new vehicles have special sensors for use with specific child restraints.

2. SEATING POSITION

Even if no air bag is in the vehicle, the rear seat is usually the safest position for infants and children.

☐ **Rear-facing in rear seat**
A normal, healthy newborn placed in a correctly used and positioned child safety seat is not at risk if unobserved in rear seat; stop to check on longer trips. If infant has a medical condition and must be observed, have another adult sit with baby in rear seat or limit trips.

☐ **Child over age one in front seat with air bag**
If there is no way to avoid carrying a child over age one in the front seat with a passenger frontal air bag, make sure he/she uses an appropriate restraint system correctly. Push the vehicle seat all the way back.

☐ **The center front-seat position** (lap belt only)
Use only as a last resort. Make sure child is correctly secured and vehicle seat is moved as far back as possbile.

3. CHILD RESTRAINT SELECTION

The "best" car seat fits the child, fits in the vehicle with its belt, and is convenient to use on every ride. Newer products are generally easier to use correctly.

☐ **No one model is "best"**
Some restraints are easier to use than others; some will not fit into certain vehicles; some of each type are less well suited for the child's size and development (such as a child very small or very large for his or her age and development).

☐ **Types of car seats**
Read label for recommended weights for specific products.

- *Rear-facing (Infant only):* birth to 20-22 lbs., small, convenient to carry to car. Use rear-facing only. Move to larger seat before the head reaches the top of the shell. Some newer products have 22 lb. limit. Some products also have a convenient base that stays in the vehicle.
- *Convertible:* birth to 40 lbs. Choose one with 5-point harness if used from birth. Use reclined for rear-facing and upright for forward-facing position. Some newer products allow infant to ride rear-facing above 20-22 lbs. Move to high-backed child seat or booster when child's ears are above the seat, or shoulders above the top harness slots.
- *Forward-facing only:* weight limits vary. Check instructions; some have harness for child under 40 lbs. and are used as belt-positioning boosters for heavier child. Some are integrated into the vehicle seat.
- *Booster:* for children over 30-40 pounds who have outgrown convertible/toddler seats. Use up to 60-80 pounds, until the vehicle lap/shoulder belts fit correctly and the child fits well in the vehicle seat, with knees bending easily over the edge of the seat and child's back flat against vehicle seat back. A belt-positioning booster is preferred. This type is made specifically to improve fit of lap/shoulder belts; some can be used up to 80 lbs.
- *Special restraints include:* car bed for infants with breathing problems; harness and seat for children in casts; harness and positioning seats for support.

☐ **For the most flexibility and best potential fit,** choose an infant-only restraint first; if baby grows to above average weight then select a convertible restraint with a rear-facing weight limit of 22 lbs. or more.

4. ADJUSTING CHILD RESTRAINTS

Correct adjustment of harness straps and recline angle are very important for the safe and proper use of restraints.

☐ **Newborn infants must ride reclined at 45 degrees** to keep baby's head from dropping forward. Check that base of restraint is horizontal; if necessary, place rolled towels under the base to compensate for seat slope. Do not recline at lower than 45 degrees; baby could slide out head-first in a crash.

☐ **Forward-facing children should ride in upright position.** This allows the harness system to restrain the body most effectively and is preferred to semi-reclined position available in some convertibles. Most vehicle seats slope, tilting an upright restraint back at a comfortable angle.

☐ **Harness slot positions:**

- Rear-facing position uses lowest slots (to hold baby's head as low as possible in the restraint in a crash). Straps should be at or below infant's shoulders.
- Forward-facing position uses top slots (unless child restraint system instructions specifically state otherwise) at or above child's shoulders. This minimizes slack and forward movement.
- When harness straps are moved or replaced after cleaning, be sure they are correctly placed and the harness adjuster is secured. Some straps must be double-backed through the metal adjuster to stay tight in a crash.

☐ **Adjust harness for a snug fit.** Check harness adjustment frequently. Change length as child grows. Adjust snugly for thinner/thicker outer clothes. Adjust to fit child snugly without being too tight (should be able to slip only one finger under harness at chest).

☐ **Retainer clip holds straps on shoulders.** Place at armpit height. If too high, can interfere with airway; if too low, could allow shoulders to slip out of restraint. (Not all models have retainer clip.)

5. VEHICLE FIT AND CHILD SEAT INSTALLATION

Not all restraints fit securely in all vehicles. Consumers are advised to try a selected model before purchase to be sure it fits properly in all family vehicles. Fasten belt tightly and make sure seat cannot move more than about one inch forward or sideward. It is okay for the top of a rear-facing seat to tip up toward the back of the vehicle.

☐ **Rear seat fit**

Available space in rear seat may be too short. Make sure the child restraint can be installed correctly in the rear seat of vehicles it will be used in. Check for secure fit in vehicle seat and tight attachment with vehicle belts.

- The rear seat space may be too short (front-to-back) for a rear-facing convertible, however it is okay for top of the restraint to rest against the back of the front seat.
- Rear seat may not be wide enough for three restraints side-by-side. In some cases, using a restraint with a narrower base may help.
- Headroom may be too low for some convertibles with swing-up shields.

☐ **Restraint may have more than one belt path.** Use the path specified for the way the restraint is being installed (forward- or rear-facing; with or without base, etc.).

☐ **How to keep belts tight** around child restraint:

- Switchable retractor (pull belt webbing all the way out, then make sure it locks as it retracts).
- Locking or cinching latchplates on lap only or lap/shoulder belts (lap portion of belt stays tight after being adjusted).
- Regular locking clip and belt-shortening (heavy-duty) clips; warning against use of regular locking clip to shorten a belt.
- Some new child seats have a built-in locking feature.

☐ **Do not secure a child restraint with an automatic shoulder belt** or lap/shoulder belt attached to door. Special "attaching belt" for child restraints available to modify automatic front lap/shoulder belt systems attached to the door for securing a child restraint (see owner's manual). The rear seat is safer, avoids these problems.

☐ **Forward-anchored belts can make secure installation difficult** if they are more than 2" forward of junction between upper and lower cushions (called "seat crack" or "bight"). Child seat buckle available to adapt some front seat belts. Tether will help anchor restraint more securely.

☐ **Use of tether to help anchor forward-facing child restraint** more securely, especially if belts are forward of seat crack. Use only manufacturer-supplied tethers. Tethers are now available for many forward-facing car seat models. Other models will become available soon. Many vehicles have pre-drilled holes for tether anchors.

☐ **Seat cushion contours:** child restraint with narrow base may fit into bucket seats; broad, arched base may fit on hump in center rear.

☐ **Options for better installation:**

- Use of thin, rubberized pad may reduce slippage on smooth seats.
- Some restraints have more than one belt path for rear- or forward-facing position. This gives alternatives to try for secure installation. Infant-only restraints with removable bases can be tried with and without the base to find best fit on seat and with belts.

6. SAFETY BELT FIT FOR LARGER CHILDREN

Children should use safety belts after they have outgrown booster seats and when safety belts fit correctly. Proper safety belt fit is critical.

☐ **Correct safety belt fit:**

- Teach child to sit with buttocks against the seat back and to avoid leaning forward.
- Lap belt lies across the top of thighs, not over abdomen. Slouching contributes to poor belt fit, which can be hazardous.
- If the child's legs are so short that the knees cannot bend naturally at the edge of the seat, the child is likely to slump and the lap belt will ride up. Use of a booster seat will allow child to sit without slouching.
- Correct belt fit depends on the child's height when seated. The shoulder belt should rest across the shoulder (collar bone) and across the center of the chest. Putting the shoulder belt behind the back or under the arm can produce very serious injuries in a crash.
- If no shoulder belts are in the rear seat, they can be retrofitted, or an alternative product (E-Z-On Vest or Y harness) can be installed.

7. REFERRAL FOR PROBLEMS

Consumers should be advised to follow directions in both the child restraint instruction booklet and the vehicle owner's manual.

☐ **Call manufacturer** if an instruction booklet or vehicle owner's manual is not available. Note: there may be little information on child restraint use with belts in older vehicle manuals. Vehicle manuals should not be used as the primary source of information on child restraints themselves.

☐ **Refer users** to state highway safety office or child passenger safety program, the U.S. Department of Transportation (DOT) Auto Safety Hotline, and/or the manufacturer/distributor. A person may need to make several calls to get complete answers.

8. ADDITIONAL CONSIDERATIONS

☐ **Double-check all visuals.** It is remarkably easy to make inadvertent errors in diagrams, drawings, cartoons, photos, and videos. People remember what they SEE!

☐ **Minimize visuals showing incorrect use or behavior** because people often imitate what they see, rather than read the text. If incorrect images are included intentionally, mark each graphic, photo, or video shot with a large "X" or the universal "no" symbol so the viewer will recognize that the depiction is incorrect. Commenting on incorrectness of a visual image only in the text or narration is not sufficient.

☐ **Make sure your audience can understand.** Half of the US population reads below the 8th grade level! Medicaid requires 4-5th grade level for health education materials in some states. Observe cultural sensitivity in language and illustration.

☐ **Date and source are extremely important** Include a date on all materials you develop or modify to help you or others in evaluating information contained in materials.

Comprehensive Checklist

Please complete the "Critical Issues" checklist first. Then duplicate this form and use it to evaluate any materials you are using or plan to use which include DETAILED information on child passenger safety. Please make sure these issues are covered.

AIR BAG SAFETY

If existing materials have no warning about air bags, immediately add supplemental materials with air bag information and replace old materials as soon as possible.

- ☐ How to know if a vehicle has a passenger frontal air bag.
- ☐ How an air bag can kill.
- ☐ Air bag on-off switches.

SEATING POSITION

Even if no air bag is in the vehicle, the rear seat is usually the safest position for infants and children.

- ☐ Rear-facing in rear seat.
- ☐ Child over age one in front seat with air bag.
- ☐ The center front-seat position (lap belt only).

CHILD RESTRAINT SELECTION

The "best" car seat fits the child, fits in the vehicle with its belt, and is convenient to use on every ride. Newer products are generally easier to use correctly.

- ☐ No one model is "best".
- ☐ Types of car seats.
- ☐ For the most flexibility and best potential fit, choose an infant-only restraint first.

ADJUSTING CHILD RESTRAINTS

Correct adjustment of harness straps and recline angle are very important for the safe and proper use of restraints.

- ☐ Newborn infants must ride reclined at 45 degrees to keep baby's head from dropping forward.
- ☐ Forward-facing children should ride in upright position.
- ☐ Harness slot positions.
- ☐ Adjust harness for a snug fit.
- ☐ Retainer clip holds straps on shoulders.

VEHICLE FIT AND CHILD SEAT INSTALLATION

Not all restraints fit securely in all vehicles. Fasten belt tightly and make sure seat does not move more than about one inch forward or sideward.

- ☐ Rear seat fit.
- ☐ Restraint may have more than one belt path.
- ☐ How to keep belts tight around child restraint.
- ☐ Do not secure a child restraint with an automatic shoulder belt or lap/shoulder belt attached to door.

Comprehensive Checklist
(continued)

- ☐ Forward-anchored belts can make secure installation difficult.
- ☐ Use of tether to help anchor forward-facing child restraint more securely.
- ☐ Seat cushion contours.
- ☐ Options for better installation.

SAFETY BELT FIT FOR LARGER CHILDREN

Children should use safety belts after they have outgrown booster seats and when safety belts fit correctly. Proper safety belt fit is critical.

- ☐ Correct safety belt fit.

REFERRAL FOR PROBLEMS

Consumers should be advised to follow directions in both the child restraint instruction booklet and the vehicle owner's manual.

- ☐ Call manufacturer if an instruction booklet or vehicle owner's manual is not available.
- ☐ Refer users to state highway safety office or child passenger safety program.

ADDITIONAL CONSIDERATIONS

- ☐ Double-check all visuals.
- ☐ Minimize showing incorrect use or behavior.
- ☐ Make sure your audience can understand.
- ☐ Date and source are extremely important.

Inventory Worksheet

The National Highway Traffic Safety Administration and the National Safety Belt Coalition are committed to reducing the safety risks presented by inaccurate information. Your help in identifying published material that is inaccurate would make a tremendous difference. If you would like to assist us, fill in this simple inventory worksheet and return it to us at the address below. THANK YOU!

Instructions: Enter the information requested and your Part 1 and Part 2 scores for each publication. (Make additional copies of the checklists and worksheet as necessary.) To help us become familiar with all the material in circulation, we would also be interested in seeing the pieces you reviewed and would welcome a copy of each with your Inventory Worksheet.

Information about you:

Organization _____ Contact Person _____

Address _____ Telephone _____

_____ Fax _____

Item reviewed (title) **Author or producer** (org.) **Date of publication** (if given)	**# of Boxes checked Part One** **1.**	**2.**	**3.**	**Total # of Boxes checked Part Two**
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Please remit to: National Safety Belt Coalition, 1025 Connecticut Avenue NW, Suite 1200, Washington, DC 20036

Accurate Resources

The resources listed below accurately cover current aspects of correct use. The critical and complex nature of this topic makes it advisable to use these materials rather than to create your own. Some can be customized for your program.

The following materials are available through the National Highway Traffic Safety Administration (NHTSA) in limited quantities without charge. Reproducible masters (also without charge) are available for organizations desiring larger quantities. Fax requests to 202-493-2062.

Standardized Child Passenger Safety Training Program, standardized training and certification process for child passenger safety specialists, NHTSA, 1997

Protecting Your Newborn, video and instructor's guide, 1997 edition

Child Transportation Safety Tips, reproducible fact sheets updated 3/97, NHTSA, 1997; Also provided by SafetyBeltSafe U.S.A.

Don't Risk Your Child's Life V, video and instructor's guide, 1996 edition, accompanying pamphlets from Shelness Productions, 910-774-0780

Child Restraints and Automobiles: At Times An Uneasy Union, NHTSA training video and commentary, 1995

Air Bag Alert Folio, 1997

DOT Auto Safety Hotline:
1-888-DASH-2-DOT
1-888-347-4236

Also available are lists of child safety seat manufacturers and vehicle manufacturers.

Additional information can be obtained from these organizations:

Air Bag & Seat Belt Safety Campaign:
202-625-2570

American Academy of Pediatrics:
847-981-7935

Center for Injury Prevention:
800-344-7580

Emergency Nurses Care:
703-370-4050

National Association of Governor's Highway Safety Representatives:
202-789-0942

National Safe Kids Campaign:
202-662-0600

National Safety Belt Coalition:
202-296-6263

SafetyBeltSafe U.S.A.:
800-745-SAFE

Safe Ride News Publications, publishers of *Safe Ride News*, a technical quarterly report with reproducible fact sheets:
800-403-1424

For information on low-literacy health education materials, see "Teaching Patients with Low Literacy Skills," 2nd ed., Doak, Doak, and Root, Lippincott, 1996

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The *Patterns for Life* program is designed to help agencies and organizations within local communities form lasting partnerships with each other, and to provide the resources necessary to reduce the number of children killed and seriously injured each year in traffic crashes. These resources include a network of qualified child passenger safety trainers, increased opportunities for pedestrian and bicycle safety education through an extensive child passenger safety initiative, expanded training opportunities for a variety of organizations, removal of outdated materials from circulation, and the development of new and improved training materials and publications.

U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

DOT HS 808 672
September 1997

Drug Impaired Driving

Did you know?

- If you are in the 5- to 24-year-old age group, you have a much greater chance of dying in a motor vehicle crash than dying from homicide, suicide, a fall, cancer, or heart disease.
- The Bureau of the Census estimates that there were more than 22 million young people ages 15 to 20 in the United States in 1996. The number of licensed drivers in this age group was estimated at just under 12 million. By the year 2005 the youth population is expected to have increased by almost 14 percent.
- There is a Presidential Initiative that establishes zero tolerance for drugs when possessed, used, or abused by youth.
- Alcohol, marijuana, cocaine, and inhalants are drugs commonly abused by youth.
- Research shows that marijuana is harmful to the brain, heart, lungs, and immune system. It limits learning, memory, perception, judgment, and complex motor skills like those needed to drive a vehicle.
- People under the influence of cocaine become easily confused and lose the ability to concentrate or to think clearly for any length of time.
- Inhalants can cause damage to the heart, kidneys, liver, brain, and other organs, depending on the types of inhalants used.
- Alcohol and other drugs create a serious highway safety problem among the general driving population. The National Highway Traffic Safety Administration (NHTSA) estimates that drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol.
- In a 1990-91 NHTSA study of 1,882 fatally injured drivers from 7 states, alcohol was found in 51.5 percent of the drivers, and other drugs were found in 17.8 percent of the drivers.

- Studies of drivers injured in crashes or cited for traffic violations also show that many of those drivers have used drugs. In an ongoing NHTSA study of non-fatally injured drivers in Rochester, New York, 12 percent of all drivers tested positive for drugs other than alcohol (43 of 360 cases), and 23.5 percent of drivers less than 21 years old tested positive for drugs other than alcohol (4 of 17 cases). Studies of drivers taken for medical treatment have shown positive drug rates ranging from below 10 percent to as high as 30 to 40 percent. Studies of drug incidence among drivers arrested for motor vehicle offenses have found drugs in 15 to 50 percent of drivers. The higher rates typically are more prevalent among drivers who have been arrested for impaired or reckless driving but who were not impaired by alcohol, as shown by low blood alcohol concentration (BAC) levels.

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May be reproduced (2/98)

Self-reported information confirms that teenagers use marijuana in driving situations. PRIDE's 9th Annual Survey of Students, an annual self-administered questionnaire given to students in grades 6 through 12, sampled 129,560 students in 26 states during the 1995-96 school year. Twelfth grade students who reported that they smoke marijuana in a car equaled 20 percent; 16.3 percent drink beer in a car; 12.5 percent drink liquor in a car; and 9.5 percent drink wine coolers in a car. When all senior high school students were asked if and where they use marijuana, they reported: 23.9 percent at a friend's house, 15.9 percent in a car, 11.6 percent at home, 6.5 percent at school, and 19.5 percent in other places.

The evidence from nationally recognized surveys clearly and consistently indicates that drug use by youth is well below the peak levels attained in the late 1970's, but it has risen steadily in the 1990's.

Have you thought about this?

It is illegal in all states to drive a motor vehicle under the influence of alcohol, drugs other than alcohol, or a combination of alcohol and other drugs.

The Drug Evaluation and Classification (DEC) Program trains law enforcement officers in advanced impaired driving detection techniques to remove drug impaired drivers from the highway.

The DEC process is a systematic, standardized, post-arrest procedure used to determine whether a suspect is impaired by one or more categories of drugs. It is a systematic process because it is based on a variety of observable signs and symptoms proven to be reliable indicators of drug impairment.

Officers who have completed the extensive DEC training program are certified as Drug Recognition Experts (DRE's). DRE's learn to observe a suspect's appearance, behavior, performance of psychological tests, eye movements in different lighting conditions, and vital signs to ascertain what category or categories of drugs are causing the impairment.

Thirty-two states using the DEC Program have officers trained to remove drug impaired drivers. Information about drug impaired driving cases and training are available for prosecutors and judges.

Following are some examples of DRE's effectiveness in removing young drivers who were impaired by drugs:

- In 1995, 8 percent of the evaluations conducted in New Mexico were on arrestees under age 21 (the state does not routinely test for marijuana).
- In a study of 500 DRE cases in Arizona, 10.4 percent of arrestees were under age 21.
- In 1996, Maine reported 27.6 percent of the DRE evaluations conducted were on subjects under age 21.
- In the first 5 months of 1996, New York State Police data indicate that 29.8 percent of DRE evaluations were under age 21.
- In the first 9 months of 1996, Oregon State Police reported that 14.6 percent of the evaluations were conducted on subjects under age 21.

Take action:

- Evaluate the effectiveness of your state laws that prevent youth from possessing and using alcohol and other drugs.
- Provide materials that convey practical information about drugs, the health risks of drug use, how drugs impede safe driving, and the driving sanctions for drug impaired driving and other drug law violations.
- Implement an intervention program for drug impaired drivers that incorporates assessment, drug education, counseling, and other treatment as needed.
- Contact your State Highway Safety Office or NHTSA to obtain additional information on drug impaired driving.

Promoting Zero Tolerance

As of February 1998, all but 4 states had passed zero tolerance laws. These laws make it illegal *per se* (in and of itself) for people under 21 to drive with any measurable blood alcohol content (BAC) in their blood. A Federal law adopted in 1995 requires all states to pass zero tolerance laws before October 1, 1998 or risk the loss of a percentage of their highway safety funds. The Federal zero tolerance law gained strong support from the Clinton Administration and Congress, in addition to many young people and grassroots groups such as Mothers Against Drunk Driving (MADD) and Remove Intoxicated Drivers (RID) because of concern about the extent of underage drinking and impaired driving.

Statistics from the National Center for Health Statistics (NCHS) confirm that each year more than 32 percent of the deaths among 15- to 20-year-olds result from motor vehicle crashes. According to the National Highway Traffic Safety Administration's (NHTSA) Fatality Analysis Reporting System (FARS), young drivers between 15 and 20 years old accounted for 6.7 percent of all licensed drivers in 1995 but represented 14 percent of all drivers involved in fatal crashes (this number includes surviving drivers as well as driver fatalities). Looking just at fatalities, nearly 37 percent of the traffic deaths among these young people involved alcohol in 1996.

Zero tolerance laws are important because they can help protect young lives from crash involvement. One study showed that states with zero tolerance laws reduced the number of single vehicle nighttime fatal crashes involving young drivers by 16 percent, compared to a 1 percent increase in such crashes in states without zero tolerance. States with a .02 or lower BAC limit were found to have greater and more significant reductions than those with higher limits.

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The laws need more than just passage by legislators to be fully successful in protecting young lives. Other necessary factors are public information and education and attention from the media. After Maryland implemented its .02 BAC law in 1989, the number of under-21-year-old drivers involved in alcohol-related crashes declined 11 percent. A year after the law went into effect, a public information and education campaign was carried out in six counties to inform young drivers of the statute and the consequences of violating it. The 6 counties experienced a 50 percent decrease in youthful, crash-involved impaired drivers. The results of the study made it clear that the impact of the law was much greater after public information and education efforts had increased youth's awareness of the law and its consequences. The impact was significantly greater in counties carrying out the publicity effort compared to those that did not.

For a zero tolerance law to qualify under Federal guidelines to prevent loss of the state's highway safety funds, it must meet several criteria:

- Must apply to all drivers under age 21
- Must set a BAC limit of .02 or less
- Must be *per se*, that is, evidence in itself that the under-21 driver was committing an offense
- Must allow for primary enforcement
- Should provide that license suspension is authorized as a sanction

Beyond these requirements under implementation regulations, it is critical that young people know the law is in place and the consequences for violating the law.

Effective Information Campaigns

Maryland's program provided an ideal opportunity to demonstrate how important public information and education are in maximizing the positive impact of a new law, particularly one designed to affect young people. The study not only compared awareness of the law in the experimental communities to awareness levels in the control cities, but it also compared the pre-publicity data with the post-campaign data.

However, states shouldn't wait until the law is implemented to begin the publicity effort. One state program example follows, and more will be compiled soon.

You Can't Win Zero Tolerance Campaign – Iowa

Program Overview

- Program Characteristics: Targets hard-to-reach or at risk population; high media visibility
- Project Areas: Youth programs; alcohol and other drugs
- Type of Jurisdiction: State
- Targeted Population(s): Motorists under age 21
- Jurisdiction Size: 2,829,252
- Funding: Section 402, $85,000
- Contact:

  State Program Administrator
  Governor's Traffic Safety Bureau
  307 East 7th Street
  Des Moines, IA 50319
  Phone: (515) 281-8348

Problem Identification

In 1995, the Iowa General Assembly enacted a zero tolerance law as a response to the high incidence of motor vehicle crashes involving alcohol and youth under the age of 21. This law permitted Iowa law enforcement officers to apprehend, cite, and confiscate driver's licenses of those motorists under age 21 with a BAC of .02 or greater. However, most people (and particularly young drivers under the age of 21) were largely unaware of the new law and the penalties for violation.

Goals and Objectives

The goal of the *You Can't Win* campaign was to reduce the incidence of alcohol-related crashes, fatalities, and injuries in youth under age 21, through the following objectives:

- Creating general, widespread awareness about the new zero tolerance law
- Targeting education on the new zero tolerance law to Iowa youth under age 21
- Developing a positive public awareness campaign that featured not only penalties for violation of the new law, but also highlighted support for the offender

Strategies and Activities

The *You Can't Win* program to promote the Iowa zero tolerance law was developed and implemented in 1995 by the Iowa Governor's Traffic Safety Bureau and featured several strategies and activities:

- An award-winning public relations firm was retained to develop a positive public education campaign to promote the program.
- A video was produced and distributed to high schools throughout the state for use in driver education classes. The video, which was distributed before the end of the school year in 1995, contained information about the new zero tolerance law and other substance abuse information.
- Public service announcements were produced and aired on local radio, public service ads were placed in newspapers, and collateral print material was developed and disseminated to young drivers outside the public school system.

Results

During the first full year of enforcement of the Iowa zero tolerance law (June 1995 to June 1996), nearly 2,000 licenses of drivers under age 21 were revoked. Law enforcement officials agreed that the effort had been instrumental in raising awareness and effecting positive change.

Alcohol Poisoning

In 1984 a federal law required all states to set 21 as the legal age for purchase or public possession of alcoholic beverages. States that did not comply would lose a portion of their federal highway construction funding. The federal law was tied to highway construction funding because of the overwhelming evidence that lower drinking ages result in significantly higher motor vehicle fatalities involving young drivers. Since that time, many traffic safety organizations, including Remove Intoxicated Drivers (RID), have taken a leadership role in supporting efforts to increase compliance with the drinking age laws. Increased awareness about alcohol poisoning can play a key role in the prevention of underage drinking.

Knowing the Facts Can Save Lives

Until the 1990's, deaths due to alcohol poisoning were largely ignored by the media. Families who lost a child due to AOD (alcohol overdose) suffered in silence. College campuses, where a great many of the deaths occurred, sought to avoid adverse publicity. Death certificates said "cardiac arrest" or "asphyxiation." Medical examiners sometimes chose to tell a grieving family, "It was a freak accident," rather than "Your son/daughter drank him/herself to death."

In 1994, a Federal law was passed requiring colleges to publish all student deaths. Finally, these tragic AOD stories are in newspapers and on national television; stories like the one about a 16-year-old cheerleader in Illinois who died after drinking a bottle of schnapps on a friend's dare.

Remove Intoxicated Drivers (RID) began working on the problem of AOD in 1992. Based on discussions with victims' families and county medical examiners, RID estimates as many as 4,000 deaths occur each year from alcohol overdosing: drinking too much alcohol too fast. Families learn, in the most difficult way, that alcohol can be a lethal drug.

Teenagers are particularly vulnerable to AOD. Of the first 8 cases RID discovered, half were 16 years old or younger. At least half were first-time drinkers and had never been drunk before. Five were put to bed by friends or their own parents to "sleep it off," only to be found dead in the morning. Their friends or parents didn't know that if a person drinks too much alcohol quickly before falling asleep, the alcohol will shut down breathing and heart functions and kill a person within a few hours.

Until now, the lack of public information about AOD has been a national failure. The following information literally saves lives. It could save a friend or maybe even you.

Teens pictured in this piece died from alcohol poisoning.

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Mechanisms of alcohol poisoning

Alcohol depresses nerves that control involuntary actions such as breathing, the heart beat, and the gag reflex (prevents choking). A fatal dose of alcohol will eventually stop these functions. After the victim stops drinking, the heart keeps beating, and alcohol in the stomach continues to enter the bloodstream and circulate throughout the body.

As a result, the following can happen:

- Victim chokes on own vomit
- Breathing slows, becomes irregular, stops
- Heart beats irregularly or stops
- Hypothermia (low body temperature) leads to cardiac arrest
- Hypoglycemia (too little blood sugar) leads to seizures

Even if the victim lives, AOD can lead to irreversible brain damage. Rapid binge drinking (which often happens on a bet or a dare) is especially dangerous because the victim can ingest a fatal dose before becoming unconscious.

Critical signs for alcohol poisoning:

- Mental confusion, stupor, coma, or person cannot be roused
- No response to pinching the skin
- Vomiting while sleeping
- Seizures
- Slow breathing (less than 8 breaths per minute)
- Irregular breathing (10 seconds or more between breaths)
- Hypothermia (low body temperature), bluish skin color, paleness

Many people try different methods to reverse the effects of alcohol to become sober. Most of these methods are myths, and **they don't work.**

Some common myths:

- Drinking black coffee
- Taking a cold bath or shower
- Sleeping it off
- Walking it off

If you suspect that someone may have ingested a fatal dose of alcohol, help is required immediately:

- Call 911 or the emergency medical number.
- Stay with the victim.
- Keep the victim from choking on vomit.
- Tell emergency medical technicians the symptoms and, if you know, how much alcohol the victim drank. Prompt action may save the life of a friend, or your own.

When medical personnel arrive, they should:

- Protect the airway. This usually means inserting a tube into the trachea to protect it from vomit. Turning the victim on his/her side is not sufficient protection.
- Administer oxygen.
- Monitor breathing, and place victim on respirator if necessary.
- Monitor glucose and other levels in blood.
- Administer medication if convulsions are present.

Some conventional treatments do not work for AOD:

- Pumping the stomach
- Syrup of Ipecac to induce vomiting
- Activated charcoal
- Narcan (to reverse the effects of the central nervous system depressant)

Bystanders (friends, parents, strangers) have a responsibility:

- Know the danger signals (see "Critical Signs" section).
- Do not wait for all symptoms to be present.
- Be aware that a person who has passed out may die.
- If there is any suspicion of AOD, call 911 or the emergency number for help. Don't try to guess the level of drunkeness.

What you can do – A call to action

- Write letters to your local editor using this information the next time you notice a news story about an underage drinking incident or underage impaired driving crash.
- Encourage your school principal to present programs on alcohol awareness in health classes.
- Refuse to host underage drinking parties.
- Take part in the RID county survey of alcohol-related deaths.

For more information about alcohol poisoning, write or fax questions to:

RID-USA, Inc.
P.O. Box 520
Schenectady, NY 12301
Fax: (518) 370-4917

RID Celebrates Twentieth Anniversary, February 1998

Twenty years ago, RID began a successful but lonely confrontation with the legal system's handling of impaired drivers in New York. In 1980, RID enabled the passage of laws curtailing plea bargaining, test refusals, leaving the scene of personal injury crashes, and placing self-funding enforcement measures in every county, along with other legislation that had been vetoed for years.

RID's efforts supported a 23 percent drop in alcohol-related fatalities from 1981 to 1986, the best record in the nation for that period. New York and Utah still have the best last-3-year record in deterring fatal crashes, and under 25 percent of the reported road fatalities were due to legally intoxicated drivers.

Other Milestones Initiated by RID:

- Comparative court audits on DWI sentencing
- Victim impact statements read in open court at sentencing
- Court-ordered victim impact panels
- Anti-DWI citizen action manual *How Can I Help, SNAP Campaign* (Sane National Alcohol Policy).

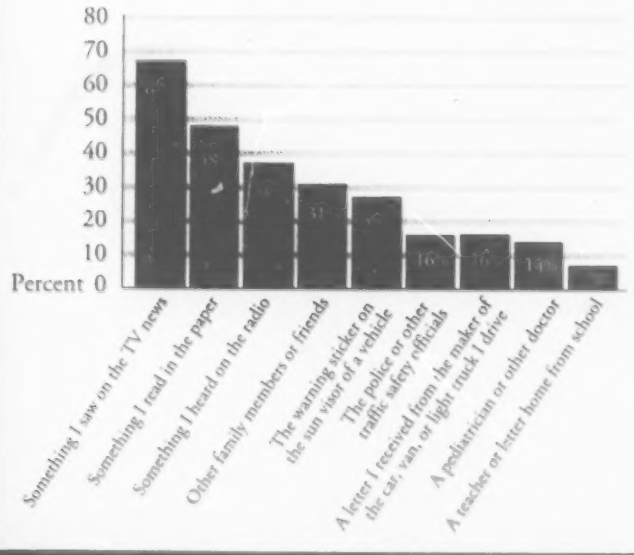
Attitudes and Awareness of Air Bag Safety and Seat Belt Use

Have people changed their behavior in terms of how they secure their children in their vehicles, especially if those vehicles are equipped with passenger air bags? Is there widespread support for standard safety belt and upgraded child safety seat laws and enforcement of those laws?

These are among the many questions the *Air Bag & Seat Belt Safety Campaign* sought to answer when it commissioned two telephone surveys conducted in July 1997. The first survey was administered to 400 adults who transport children ages 12 and under in their vehicles at least twice per week. The second survey was administered to 800 registered voters (of whom 234 also said that they transport children ages 12 and under in their vehicles at least twice per week) to measure attitudes toward seat belt use for back seat passengers. A third survey administered to 800 adults in September 1997 measured attitudes toward seat belt use for back seat passengers. The results of these surveys indicate increased public awareness about a number of issues regarding air bag safety and seat belt use.

Here are some ways people may have seen, read, or heard the warning about not putting children 12 years of age and younger in front of a passenger air bag.

Respondents were asked to complete the following sentence: "I had seen, read, or heard this warning before from..."


80
70
60
50
40
30
20
10
Percent 0
Something I saw on the TV news
Something I read in the paper
Something I heard on the radio
Other family members or friends
The warning sticker on the sun visor of a vehicle
The police or other traffic safety officials
A letter I received from the maker of the car, van, or light truck I drive
A pediatrician or other doctor
A teacher or letter home from school

Eight out of 10 survey respondents who transport children ages 12 and under said that they have seen, read, or heard a "specific warning not to put children in the front seat with a passenger air bag." People with passenger air bags "tuned in" to this important warning more than people who did not have air bags in their vehicle.

Respondents reported that they receive most of these warnings from television news (67 percent), the newspaper (48 percent), and the radio (37 percent) (respondents could select more than one source). Warning messages carried by the media have made a significant difference in people realizing that children ages 12 and under should never ride in the front seat of a vehicle, especially with a passenger air bag. Consequently, they have changed their behavior. Overall, the percentage of people surveyed with passenger air bags who are properly securing their children has increased from 66 percent in August 1996 to 76 percent in July 1997.

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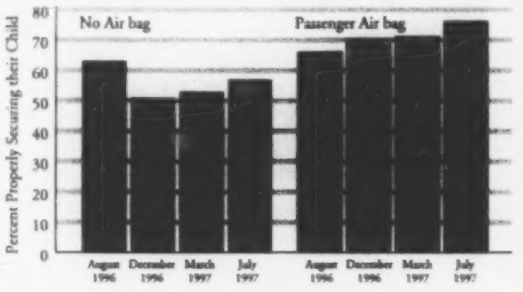
Although awareness of the dangers of putting children in the front seat with a passenger air bag appears to be high and increasing, demographic differences in awareness of this important safety warning exist. While 93 percent of college educated women and 90 percent of those with household incomes in excess of $80,000 reported that they have seen, read, or heard this specific warning, only 76 percent of those in the Generation X group (young adults) reported that they have seen, read, or heard the warning.

This is significant because this age group is in its prime parenting years and is transporting a large number of children. Other groups that are less likely to be receiving the message include individuals with a high school education or less, non college-educated men, individuals who do not have air bags in their cars, African Americans, individuals earning less than $20,000 in household income, and Generation X men.

There is increasing support for primary enforcement of seat belt and child safety seat laws. Sixty percent of the Generation X population surveyed favor state laws that allow police to write a citation for a driver who is not wearing a seat belt without having stopped the driver for any other traffic law violation. Ninety percent of the Generation X population favor state laws that allow police to write a citation for a driver if children riding in the car are not properly secured in either child safety seats or seat belts. However, the survey findings indicate that this matter is not a strong voting issue. Fifty-seven percent of the Generation X population reported that they would not base their vote on an elected official's stand concerning primary enforcement. Of those who said it is a voting issue, they favor elected officials who support these laws by a 2 to 1 margin.

The survey that measured back seat safety belt use reveals some interesting results. While approximately two-thirds of those surveyed report that they always buckle up in the front seat, only about half that many say they use their seat belt in the back seat. Although the back seat is the safest place to ride in a car, unbelted back seat passengers are at serious risk, and, in a crash, they can pose a potentially fatal threat to others in the vehicle.

Overall, the percentage of people properly securing their childern has improved among people with passenger airbags.



Drivers are only half as likely to ensure that passengers in the back seat are buckled up. Sixty-one percent of those surveyed reported that they require front seat passengers to wear a seat belt, while only 34 percent make sure back seat passengers are securely belted. Clearly, seat belt use in the back seat seriously lags behind seat belt use in the front seat.

Although many people said they understand the risks associated with not buckling up, far too many people admitted that they do not wear their seat belts. Increasing seat belt use is the most effective way to save lives and reduce injuries on the nation's roadways.

Adults who do not buckle up send children a deadly message that it is okay not to wear a seat belt, and children tend to mimic adult behavior. A 1997 study conducted by Ford Motor Company on about 25,000 crashes found that if a driver is not buckled, 70 percent of the time children riding in that vehicle will not be buckled either. If, however, a driver is buckled, 94 percent of the time children will be buckled too.

According to an Insurance Institute for Highway Safety (IIHS) study, properly restrained children in the back seat have the lowest crash death rates. According to the IIHS, children ages 12 and under ride safer in the rear seat when a passenger air bag is present, and even in cars without air bags, children are 35 percent safer riding in the back seat than in the front.

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Traffic Safety Outlook
Occupant Protection

Safety Belt Use Laws

Forty-nine states, the District of Columbia, Puerto Rico, and the U.S. Territories have enacted safety belt use laws.

Safety Belt Use and Car Crashes

- In 1996 the overall safety belt use rate was 68 percent.*
- Among front seat passenger vehicle occupants over 4 years old, safety belts saved an estimated 10,414 lives in 1996.
- In 1996, if every passenger vehicle front seat occupant had buckled up, an additional 9,754 deaths could have been prevented.
- Motor vehicle crashes are a leading cause of death for Americans.
- In 1996, 6.8 million motor vehicle crashes were reported by the police; 3.5 million people were injured or killed in these crashes.
- In 1996, 41,907 deaths resulted from crashes; that is an average of 115 deaths per day or 1 death every 13 minutes.
- Eighty-five percent of all crashes occur within 25 miles of home.
- Fifty-eight percent of fatal and injury crashes occur on roads with posted speed limits of 40 miles per hour or less.
- Motor vehicle crashes cost society more than $150.5 billion each year. These costs not only include health care costs, but also insurance and legal costs, lost productivity, costs to employees, and other costs.
- If safety belt use increased from the current 68 percent to 100 percent, the nation would save $13.2 billion annually.

Important Information About Safety Belts and Air Bags

How important is proper safety belt use and child safety seat use, and do air bags really provide additional protection in serious crashes?

Safety Belts

In 1996, 32,317 occupants of passenger vehicles were killed in motor vehicle crashes. That's 77 percent of the 41,907 traffic fatalities reported for the year. Despite their life-saving potential, safety belts were only used by 68 percent of adult drivers and passengers.

** Statistics for 1997 indicate safety belt use was 69 percent.*

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The President's *Buckle Up America!* campaign recommends new ambitious safety belt use goals to increase national safety belt use to 85 percent by the year 2000 and 90 percent by 2005 (from 68 percent in 1996). As part of a four-point plan, the campaign identifies enacting strong safety belt legislation by adopting primary safety belt laws as an important strategy in meeting these new national goals. The other strategies in the four-point plan include building public-private partnerships; embracing active, high-visibility enforcement; and conducting well coordinated, effective public education efforts.

Increasing the safety belt use rate from 68 percent (1996) to 85 percent would prevent an estimated 4,194 fatalities and 102,518 injuries annually. This reduction in injuries and deaths would result in an economic savings of approximately $6.7 billion annually (1996 dollars). Increasing the safety belt use rate from 68 percent to 90 percent would prevent an estimated 5,536 fatalities and 132,670 injuries annually and would save $8.8 billion annually.

Child Passenger Safety

While child safety seat use is high, many child safety seats are improperly installed. Among children under 5 years old, 365 were saved in 1996 by child restraint use. However, recent deaths tragically illustrate that many parents and caregivers do not understand that children should ride properly restrained in the back seat of cars with passenger air bags. The National Highway Traffic Safety Administration (NHTSA) is determined to inform every parent and caregiver about air bag issues by working with partners in the health/medical field, auto manufacturers, and insurance companies.

Air Bag Safety

Air bags inflate at speeds up to 200 miles per hour — faster than a blink of an eye. That blast can severely hurt or kill anyone sitting too close to the air bag during inflation. INFANTS IN REAR-FACING CHILD SEATS MUST NEVER RIDE IN THE FRONT SEAT OF A CAR WITH A PASSENGER AIR BAG. Even some forward-facing child safety seats place a child at least several inches closer to the dashboard than the normal adult, dangerously within range of the air bag before it is fully inflated. Children ages 12 and under who are unbelted, too small for the lap and shoulder belt to fit properly, or leaning forward, could be thrown toward the dashboard during pre-crash braking. In this position, the air bag can strike them on the head or neck with tremendous force, causing severe injury or death. Parents can protect their children from any danger of an air bag injury by making sure that children ages 12 and under sit properly restrained in the back seat. Almost all of the children killed by air bags were completely unrestrained or were riding in rear-facing infant seats in the front seat.

Vehicle owners and lessees can obtain an on-off switch for one or both of their air bags only if they can certify that they are, or a user of their vehicle is, in one of the four risk groups: infants in rear-facing infant seats; drivers or passengers with unusual medical or physical conditions; children ages 1 to 12; or drivers who cannot get back 10 inches from the air bag cover. Applicants for an on-off switch must read the NHTSA brochure, *Air Bags and On-Off Switches,* and submit a completed application form. Both the brochure and form are available from state driver licensing offices, AAA Clubs, and may be available at automobile dealerships. They can also be requested by calling NHTSA's Auto Safety Hotline at 1-800-424-9393 or by visiting the NHTSA Web Site at http://www.nhtsa.dot.gov.

What Adults Can Do to Protect Themselves with Air Bags

Protecting parents is an important consideration as well. The air bag that may be a threat to a child riding in the front seat is the same air bag that could save a child's parents in a serious crash.

All properly belted drivers, regardless of age and size, are safer with an air bag than without, and almost 2,700 lives have been saved by air bags as of December 1, 1997. Compared with the number of lives saved, 35 drivers are known to have died of injuries caused by air bags in low-severity crashes; about 1 death for every 40,000 deployments. Eighteen of those who died were not wearing safety belts, 3 were using safety belts improperly, and safety belt use is unknown for 3 of the drivers. Drivers and passengers, particularly people of short stature, should make sure they are properly belted and that front seats are moved back away from the dashboard as far as is practical.

Why Your State Needs a Primary Safety Belt Law

Traffic crashes are a leading cause of death in the United States. Wearing safety belts is the easiest and most effective way of reducing the number of highway deaths, and strong occupant protection laws are the most effective way of increasing safety belt use. Highway deaths could be reduced dramatically if states upgraded their laws to improve coverage and enforcement.

Key Facts

What is Primary Enforcement? Primary enforcement allows a law enforcement officer to write a citation whenever an unbelted driver or passenger is observed.

What is Secondary Enforcement? Secondary enforcement allows a law enforcement officer to write a citation only after stopping a vehicle for some other reason.

Safety belt usage is much higher, on average, in states that allow primary enforcement of their belt use laws. Recent experience with upgrades from secondary to primary enforcement in California, Georgia, and Louisiana provides strong evidence of the benefits of switching to primary enforcement.

Why All Safety Belt Use Laws Should be Subject to Primary Enforcement

Primary enforcement sends a message to motorists that the state considers safety belt use mandatory for the safe operation of a motor vehicle.

States with primary laws averaged 15 percentage points higher safety belt use than those with secondary laws (78 versus 63 percent), as of December 1996.

California's statewide driver safety belt use increased from 70 percent in 1992 with a secondary enforcement law to 83 percent in late 1993 after the state changed their safety belt law to primary enforcement. As of December 1996, California's safety belt use had risen to 87 percent.

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In 1994, Louisiana's safety belt law was enforced on a secondary basis, and the statewide belt use was 50 percent. After changing to primary enforcement, Louisiana's safety belt use increased to 59 percent in 1995 and 68 percent in 1996. This is a statewide safety belt use increase of 18 percentage points since primary enforcement began.

Under secondary enforcement, safety belt use in Georgia declined from 57 percent in 1993 to 53 percent in 1995. Immediately prior to upgrading to a primary enforcement law, usage was 51 percent. The law was changed to primary enforcement on July 1, 1996, and by November safety belt use climbed 11 percentage points to 62 percent.

Safety belts save lives. During the first year of enforcement, 5 primary law states lowered their fatality rates of occupants over 21 by 20 percent, but 11 secondary law states lowered their rates by only 8 percent. For occupants 21 or younger, the reduction was 23 percent in the 5 primary law states, but only 3 percent in the 11 secondary law states.

Highway deaths could be cut dramatically if all 50 states had safety belt use laws in effect and if most states took a few simple steps to upgrade their existing laws.

What Else Can Be Done?

Extend protection to rear seat occupants. Most laws currently apply to only the driver and front seat passengers. All vehicle occupants should buckle up.

Prohibit passengers from riding in the cargo bed of pickup trucks. To avoid excessive risk, passengers should ride only in seating areas equipped with safety belts.

Raise the age limit on child restraint laws to age 16. Most laws only cover infants and children up to age 4.

Patterns for Life Overview

The National Highway Traffic Safety Administration (NHTSA), in cooperation with several national safety and health organizations and state highway safety offices, developed the *Patterns for Life* initiative to improve the health status of children up to 14 years old by reducing the number of children killed and injured each year in traffic-related crashes. The goal of the program is to implement child restraint, pedestrian, bicycle, and school bus safety programs that teach children safety habits to use for the rest of their lives, and to provide local communities with the resources to form lasting partnerships to accomplish this goal.

The Patterns for Life Initiative Includes:

The initial work of the Patterns for Life initiative concentrated on the issue of child passenger safety. To that end, the following products are nearing completion.

Child Passenger Safety Training Program

Promoting child passenger safety is one of the most important missions of NHTSA. There are many different occupational groups and individuals involved in child passenger safety programs and activities across the country: law enforcement, medical professionals, safety advocates, public health officials, and others, to name just a few. To effectively handle their responsibilities in this area, these groups and individuals require up-to-date training and materials.

A standardized training course has been developed and targets advocates aspiring to become technically competent enough to participate in and/or conduct child safety seat clinics and advocates wanting to teach the course to others. The 4-day course includes lectures, discussions of new issues, and hands-on practice with both safety seats and vehicle belt systems. Attendance and successful completion of this course are primary criteria for certification in child passenger safety.

Targeted training is currently available for law enforcement officers through *Operation Kids* and fire and rescue personnel through *Buckle Up Kids*. Additionally, a new course has recently been developed for child care providers. These courses ensure increased awareness about child transportation issues for these special audiences. Instructors of the *Operation Kids* training have attended the NHTSA standardized course, enabling them to provide the most up-to-date technical information available.

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Child Transportation Program and Training Database
A database is being developed which includes information on the training, expertise, and/or certification of individuals and organizations active in child transportation safety. The database will also contain information on a variety of NHTSA's programs in occupant protection and bicycle, pedestrian, and school bus safety.

Product and Material Development
To meet the critical need of providing accurate and up-to-date information, NHTSA developed the *Is This Child on the Road to Danger? Child Transportation Safety Materials Review and Evaluation Tool.* This publication gives advocates the necessary "tools" to evaluate their materials and assist with the development of new materials.

A revised and renamed *Child Transportation Safety Resource Manual* is being developed which includes the latest child passenger safety information, as well as information on pedestrian, bicycle and school bus safety issues.

In 1997, pedestrian, bicycle, and school bus safety were incorporated into the Patterns for Life initiative. Besides the Child Transportation Safety Resource Manual (discussed above), several other products are in progress:

- *Bicycle Safety "How to" Guide* will provide sports franchises, communities and local organizations, strategies for developing partnerships to implement comprehensive bicycle safety events within communities.
- *Pedestrian Safety Program for Hispanic Children* will address pedestrian safety risks for children and is targeted to parents and adult caregivers of children.
- *Expanded Safety Tips* is a new series of "Tip" Sheets being prepared to provide parents, caregivers, and health care and other professionals with the latest age-related information on child pedestrian, bicycle, and school bus safety. In addition, *Safe Rides News* will produce informational inserts on each of these topics.

Be on the lookout for these items and other updated training materials and activities dedicated to improving child transportation safety.

School Bus Safety Talking Points

Statistics

School buses are the safest form of highway transportation.

There are about 440,000 public school buses that travel approximately 5 billion miles each year. Each day school buses carry around 20 million students to school and school-related events. (Accident Facts 1996, National Safety Council)

In 1996, 10 school bus occupants were killed in crashes (2 drivers, 8 passengers).

In 1996, 23 pedestrians were killed in school bus-related crashes.

About two-thirds of school bus-related fatalities happen outside the bus.

For the past 11 years, an average of 35 school-age children died in school bus-related traffic crashes each year (9 school bus occupants and 26 pedestrians).

Recent studies in Florida and Illinois found almost 10,000 incidents (per day per state) of motorists illegally passing stopped school buses that were loading or unloading children. In Florida, 4.4 percent of the vehicles passed the school bus on the door side of the bus.

Why No Safety Belts?

On school buses, occupant protection is provided by "compartmentalization," not safety belts. Compartmentalization is the name for the protective envelope created by strong, closely-spaced seats that have energy-absorbing high seat backs that protect occupants in the event of a crash.

School buses also have other features that contribute to the high level of safety they provide each occupant. Features such as emergency exits, roof structure, fuel systems, and body joint strength make the bus stronger, larger, heavier, and safer than most other vehicles on the road today.

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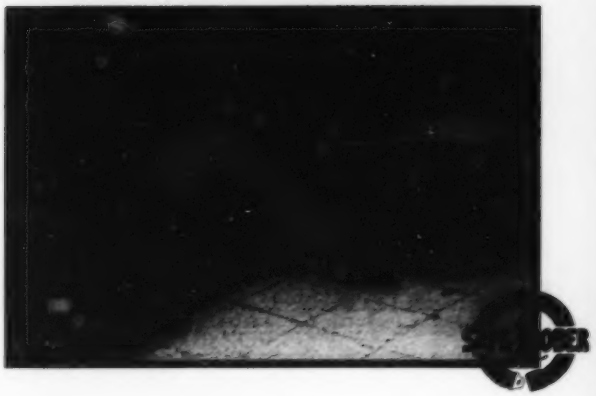
DOT HS 808 683
February 1998

Rules of School Bus Safety

For students:

- Be at the bus stop at least 5 minutes before the bus is scheduled to arrive.
- When the bus approaches, stand at least 3 giant steps (6 feet) away from the edge of the road, and line up away from the street.
- Wait until the bus stops, the door opens, and the driver says that it is okay before stepping on the bus.
- When crossing the street in front of the bus, walk on the sidewalk or side of the road to a point at least 5 giant steps (10 feet) ahead of the bus before you cross. Be sure the bus driver can see you, and you can see the driver.
- When exiting the bus, be careful that clothing with drawstrings and book bags with straps do not get caught in the handrail or door.
- Never walk behind the bus.
- Walk at least three giant steps away from the side of the bus any time you are walking beside the bus.
- If you drop something near or under the bus, tell the bus driver. Never try to pick it up. The driver may not see you and begin to drive away.



For motorists:

- When driving in neighborhoods with school zones, watch for children traveling to school. They are unpredictable in their actions, and it is your responsibility to anticipate and prepare to react to what they may do.
- Drive slowly. Watch for children walking in the street, especially if there are no sidewalks in the neighborhood.
- Watch for children playing and gathering near school bus stops.
- Be alert. Children arriving late for the bus may dart into the street without looking for traffic.
- Learn and obey the school bus laws in your state.
- Learn the flashing light system that school bus drivers use to alert motorists about stopping:
    - Yellow flashing lights mean the bus is preparing to stop and load or unload children. Motorists need to slow down and prepare to stop.
    - Red flashing lights and extended stop arm mean the bus has stopped and children are boarding or exiting the bus. Motorists must come to a complete stop a safe distance from the bus and wait until the red lights stop flashing, the arm is retracted, and the bus begins moving before they start driving again.

Campus Wise Cycling

Safety Tips 101

Be Smart

Always wear an approved bicycle helmet that meets current crash safety standards, and make sure it's properly fitted. Road rash and broken bones heal; brain damage is often permanent. Consider what you are investing in your college education. Consider your future with a head injury. Wearing a bicycle helmet is common sense.

Be Thorough

Check and maintain your bicycle regularly. Keep it clean, and make sure all nuts and bolts are tight. Your brakes must work. If you prefer not to do your own bicycle maintenance, most bicycle retailers offer checkups for a modest fee.

Be Seen

Fluorescent and brightly-colored clothing and helmets help make you more visible. Reflective clothing makes you easier to see at night. If you choose to ride at night, remember that a headlight, taillight, and reflectors are vital to your safety and are required by law in most states.

Be Safe

The most important part of safe bicycling is predictability. When you are on a bicycle, you are part of vehicular traffic and must obey the same laws. Ride your bicycle with traffic, not against it. Riding on the left-hand side of the road, which is illegal, is a common cause of crashes; it puts you in an unexpected position for motorists, pedestrians, and other cyclists. Always scan your environment when approaching intersections, and obey stop signs and traffic signals.

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February 1998

Be Aware

Motorists often find it difficult to see bicyclists. Never assume that they see you. Try to be visible by communicating with hand signals and establishing eye contact. If you are in doubt about a motorist's intentions, be prepared to yield in the event that the motorist does not see you. Control your speed, and watch for approaching vehicles turning left into your path. Scan the road for hazards such as potholes and drainage grates. Identify hazards in time to avoid them without swerving into traffic.

Be Sober

Remember, riding a bicycle requires skill, coordination, and a constant attentiveness to your surroundings. Alcohol and other drugs greatly decrease your ability to reason, to judge time and distance, and to control your bicycle. It is challenging enough to ride safely under the best conditions; don't increase the risk of injury to yourself or others by bicycling while impaired.

Share the Campus

Bicycles are recognized as a great way to get around, but the recent increase in the bicycling population has resulted in much greater congestion on campuses. Remember, on shared pathways keep your speed down, and warn pedestrians and other cyclists when you are going to pass. As you approach a pedestrian from behind, calmly say something like "Passing on your left," or "Excuse me." Always yield to pedestrians in crosswalks.

Protect Your Property

A bicycle worth riding is worth keeping! Many bicycles that are stolen were not locked. Lock your bicycle properly. Be sure to use your lock to secure at least your back wheel and frame tube to a bicycle rack or similar immovable object. Lock your bicycle in a well-lit area where pedestrian traffic may discourage theft.

Source: Cornell University Police Bike Patrol Unit Ithaca, New York

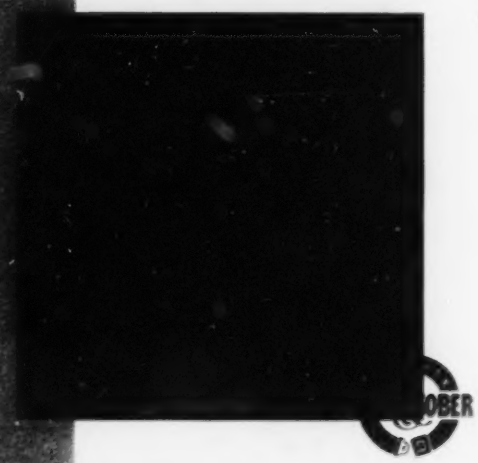
Pedestrian Safety Talking Points

This list of pedestrian safety talking points is a useful tool for making presentations to community groups and organizations. It explains the effects of motor vehicle crashes on pedestrian safety and provides statistics regarding pedestrian safety. Use the quote, charts, and diagrams at the end of the talking point list to make transparency overheads to show during your presentation.

- "Pedestrians are nearly twice as likely to be killed by a stranger with a car, than by a stranger with a gun." Environmental Working Group/Surface Transportation Policy Project *(Overhead #1)*
- According to the 1995 Nationwide Personal Transportation Survey, there are approximately 56 million walking trips that take place every day in the United States. Family and personal business accounts for 43 percent of these walking trips, with another 34 percent for social and recreational purposes. Fourteen percent of walking trips involve travel to school or religious activities, while only 7 percent of these trips involves commuting to work. Walking is the second most used mode of travel, so it's clear that at one point in time everyone is a pedestrian.
- In 1996, there were 5,412 pedestrians killed, and 82,000 pedestrians injured, in traffic crashes. On average, a pedestrian is injured in a traffic crash every 6 minutes and killed in a traffic crash every 97 minutes. (Traffic Safety Facts, 1996)
- In 1996, most pedestrian fatalities occurred in urban areas (71 percent), at nonintersection locations (77 percent), in normal weather conditions (88 percent), and at night (65 percent). *(Overhead #2)*
- Pedestrian injuries represent the second largest category of motor vehicle-related deaths.
- Target Group: Children/Youth

  In 1996, of the 812 traffic fatalities for children (ages 5 to 9), 254 (almost one-third) were pedestrian fatalities. *(Overhead #3)*

  Almost half (43 percent) of the 715 pedestrian fatalities under age 16 were killed in crashes that occurred between 4 p.m. and 8 p.m.



- Target Group: Older Adults (ages 70 and over)

  Older adults account for 18 percent of all pedestrian fatalities and 2 percent of all pedestrian injuries. The fatality rate for this group, both males and females, was 3.9 per 100,000 population — higher than for any other age group.

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- Target Group: Impaired Pedestrians

  Alcohol involvement, either for the driver or for the pedestrian, was reported in 47 percent of the traffic crashes that resulted in pedestrian fatalities. Of the pedestrian fatalities, 32.3 percent were intoxicated with a blood alcohol concentration (BAC) of 0.10 grams per deciliter (g/dl) or greater. The intoxication rate for the drivers involved was 12 percent — less than half of that for the pedestrians. In 5.3 percent of the crashes, both the driver and the pedestrian were intoxicated.

  In 1996, the highest rate of intoxication for pedestrians killed in traffic crashes was reported for pedestrians 25 to 34 years old. Intoxication rates by age groups were as follows *(Overhead #4)*:

  16 to 20 years, 34.5 percent
  21 to 24 years, 45.5 percent
  25 to 34 years, 55 percent
  35 to 44 years, 50.7 percent
  45 to 54 years, 39.7 percent
  55 to 64 years, 30.4 percent
  65 years and older, 11.1 percent

- Increasing pedestrian and motorist awareness of pedestrian safety issues is the key to reducing the problem of pedestrian motor vehicle-related deaths.

- Engineering, education, and enforcement are all important tools for traffic safety professionals. None of them alone is a cure-all, but together they can bring about significant safety improvements for pedestrians and motorists. *(Overhead #5)*

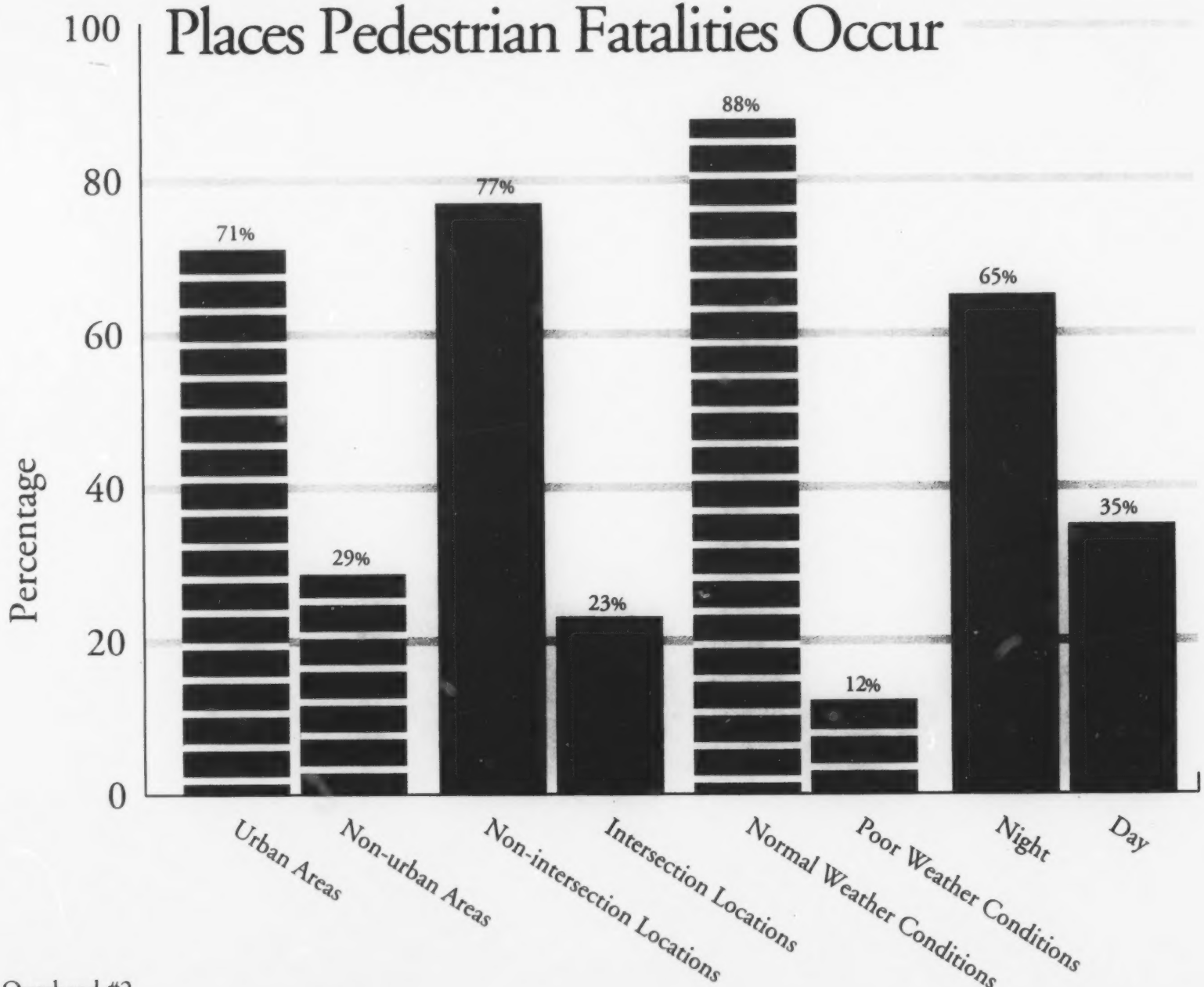
  Engineering: The first step to creating a safer environment for pedestrians and motorists is to change the fundamental perception of roadways as solely the motorist's domain. Our transportation system emphasizes private motor vehicles often at the expense of pedestrians and other users. It is important, then, to consider pedestrians' needs as a part of routine planning, not something that is tacked on as an afterthought. Appropriate lighting, signing, striping, and intersection design can all be used to reduce dangers to pedestrians.

  Education: Education for all road users helps ensure safe travel habits and awareness about the needs of pedestrians. Successful pedestrian safety programs often take a two-pronged approach: educating traffic and civic professionals, and educating the public. It is also important for any educational outreach effort to consider the driver's perspective without minimizing pedestrians' needs and rights.

  Enforcement: Effective enforcement includes citing pedestrians and motorists who violate traffic laws. States can take steps to encourage pedestrian enforcement at the local level, as well as examine codes and practices that may discourage walking (i.e., not providing sidewalks). However, much of what can be done about enforcement and regulation of pedestrian actions occurs at the local level. Areas with high concentrations of pedestrian infractions and pedestrian-related motor vehicle crashes should be targeted for high enforcement. In many cases, revisions of local traffic rules or consideration of new laws are needed to promote and encourage safer pedestrian activities.

"Pedestrians are nearly twice as likely to be killed by a stranger with a car, than by a stranger with a gun."

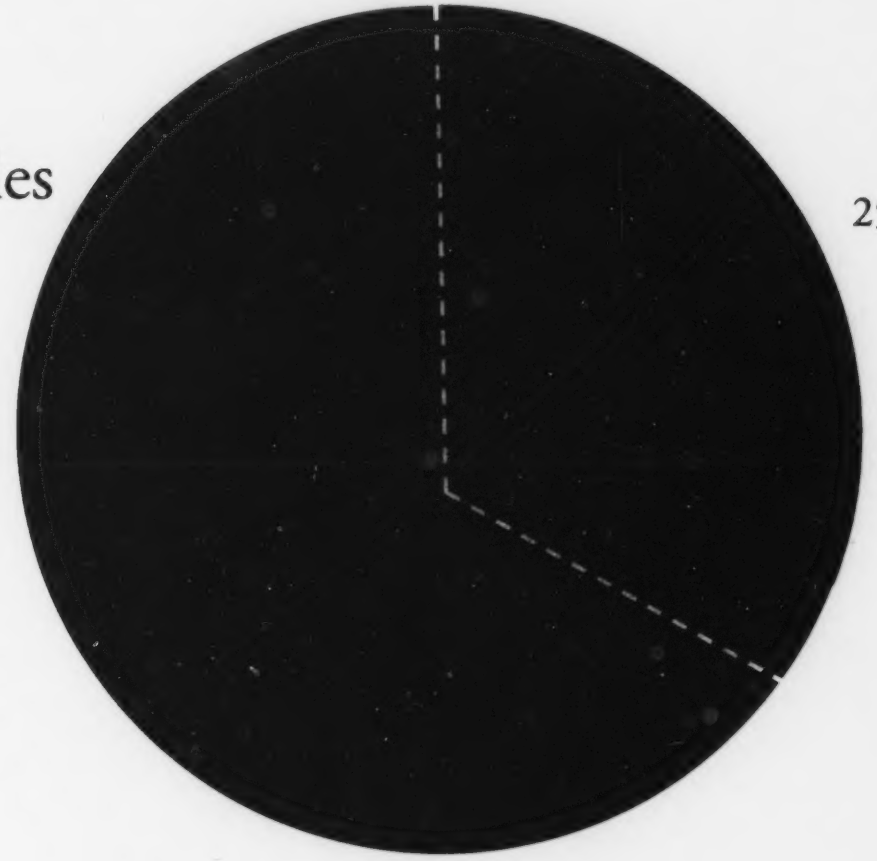
– Environmental Working Group
Surface Transportation Policy Project


Places Pedestrian Fatalities Occur
100
80
60
40
20
0
Percentage
71%
29%
77%
23%
88%
12%
65%
35%
Urban Areas
Non-urban Areas
Non-intersection Locations
Intersection Locations
Normal Weather Conditions
Poor Weather Conditions
Night
Day

Overhead #2

Children (ages 5-9) Killed in Traffic Crashes

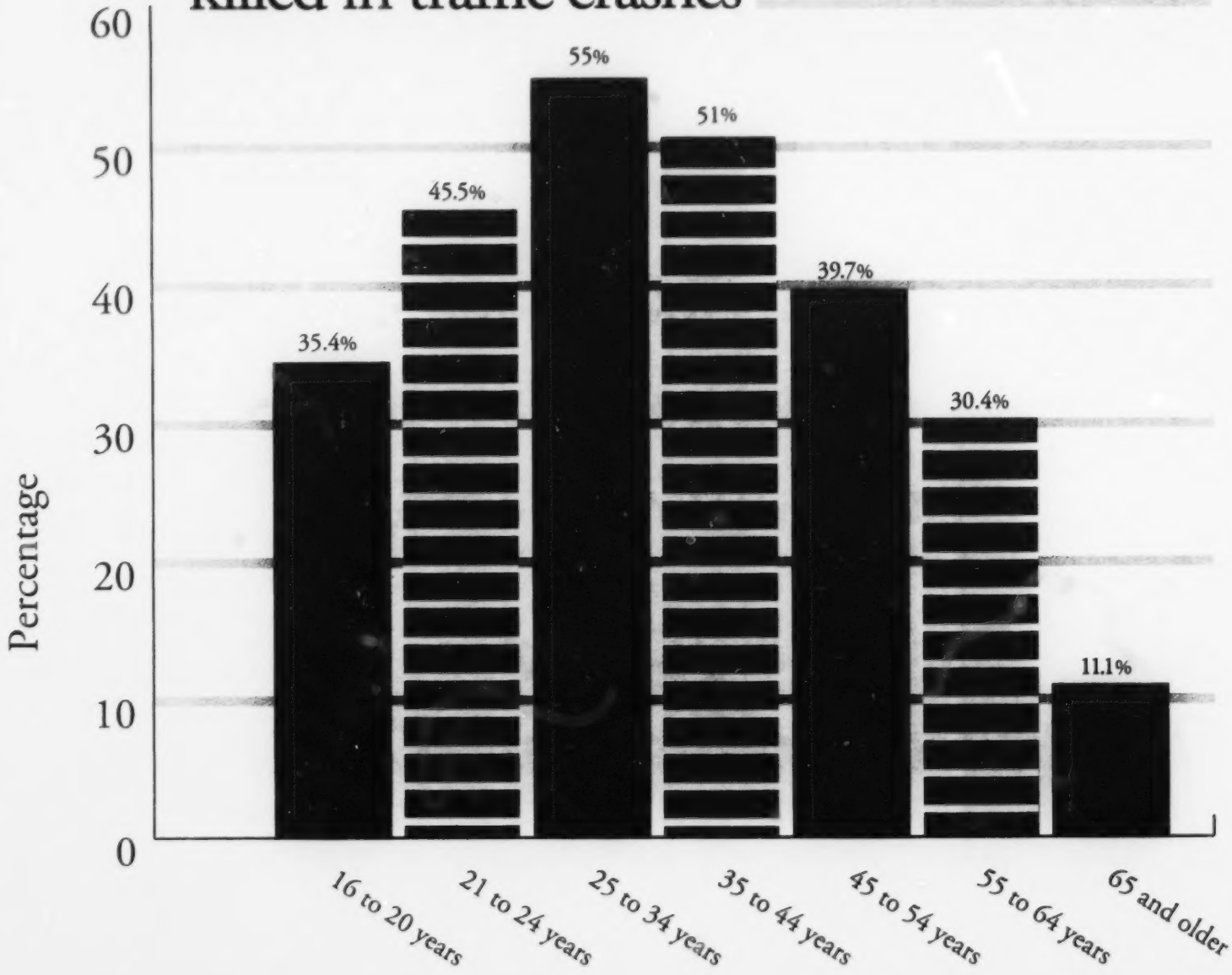
812 total traffic fatalities



254 pedestrian fatalities

Overhead #3

Rate of intoxication for pedestrians killed in traffic crashes



Creating a safer environment with the "3E's"

Engineering – environment

Education – awareness

Enforcement – pedestrians & motorists

Overhead #5

Prevent Pedestrian Crashes: Elementary School Children

A Message For Parents of Elementary School Children

Below are some common myths that children believe about being a pedestrian. Make sure your child knows the facts.

Myth A green light means that it is safe to cross.
Fact A green light means that you may stop and search for cars. Before you step off the curb, look LEFT-RIGHT-LEFT, and if it is safe to do so, cross and keep looking left and right as you do so. Be alert for vehicles making a right turn on red.

Myth You are safe in a crosswalk.
Fact You may cross at a crosswalk, but before you do, you must stop at the curb. Look LEFT-RIGHT-LEFT for cars. When it is clear, cross and keep looking left and right.

Myth If you see the driver, the driver sees you.
Fact The driver may not see you. Make certain the driver sees you and stops before you cross in front of the car. Try to make eye contact with the driver.

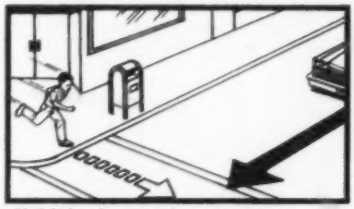
Myth The driver will stop if you are in a crosswalk or at a green light.
Fact The driver may not see you. The driver's view may be blocked. The driver may run a traffic light illegally. The driver may turn without looking for pedestrians.

Myth Wearing white at night makes you visible to drivers.
Fact Even if you and your child wear white clothes, drivers will have a difficult time seeing you at night. Carry a flashlight. Wear retroreflective clothing. Walk facing traffic.

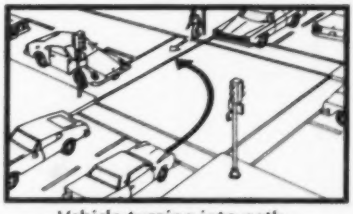
Remember, when crossing a street your child should always:

- Stop at the edge of parked cars, the curb, or other vehicles.
- Look LEFT-RIGHT-LEFT for moving cars.
- Cross when clear, and keep looking left and right.
- Walk, not run or dart, into the street.
- Look for signs that a car is about to move (rear lights, exhaust smoke, sound of motor, wheels turning).
- Walk alertly.

Common Crash Situations



Child darting out into street at corner or mid-block



Vehicle turning into path of child

Child hidden by ice cream truck

Child hidden by bus and driver does not stop

Vehicle backing up in roadway, driveway, or parking lot

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Prevent Pedestrian Crashes: Preschool Children

A Message for Parents of Preschool Children

Here are some facts you should know:

Preschool children are quick and often unaware of danger. Each year, many children are injured or killed when they suddenly dart into the path of a car.

- Most preschoolers are injured near their home or on their own street.
- Most crashes involving preschool children happen between 3 p.m. and 6 p.m.
- Most crashes involving preschoolers occur in fair and warm weather.
- Twice as many preschool boys are injured than preschool girls.

This is How You Can Prevent These Tragedies:

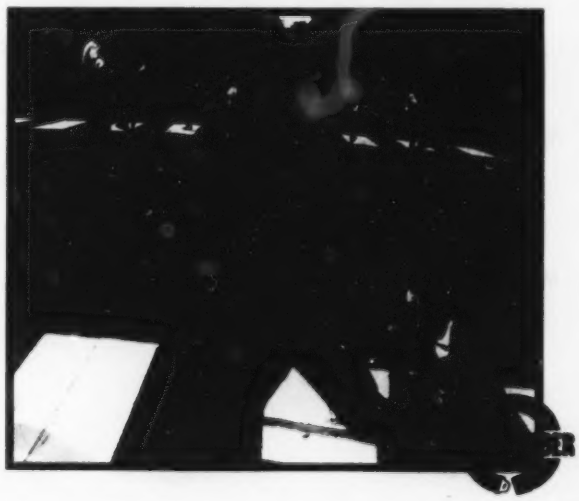
Supervise preschoolers at all times. Preschoolers should NOT be allowed to cross the street alone. Teach them who can help them cross the street safely.

Teach by explaining. Explain to your child the safe way you cross a street. Say: "When I cross a street, I always stop at the curb. I look for cars. I look left for any traffic coming, and then I look right for traffic coming that way. Then I look left again. When it is clear, I cross the street, and keep looking left and right."

Teach by example. When you cross a street with your child, always:

- Stop at the curb.
- Look LEFT-RIGHT-LEFT for traffic in all directions.
- Cross when it is clear.
- Keep looking for cars as you cross.

Encourage your child. As you both safely cross the street together, praise the child for copying your safe actions or words. Practice what you teach at ALL times.



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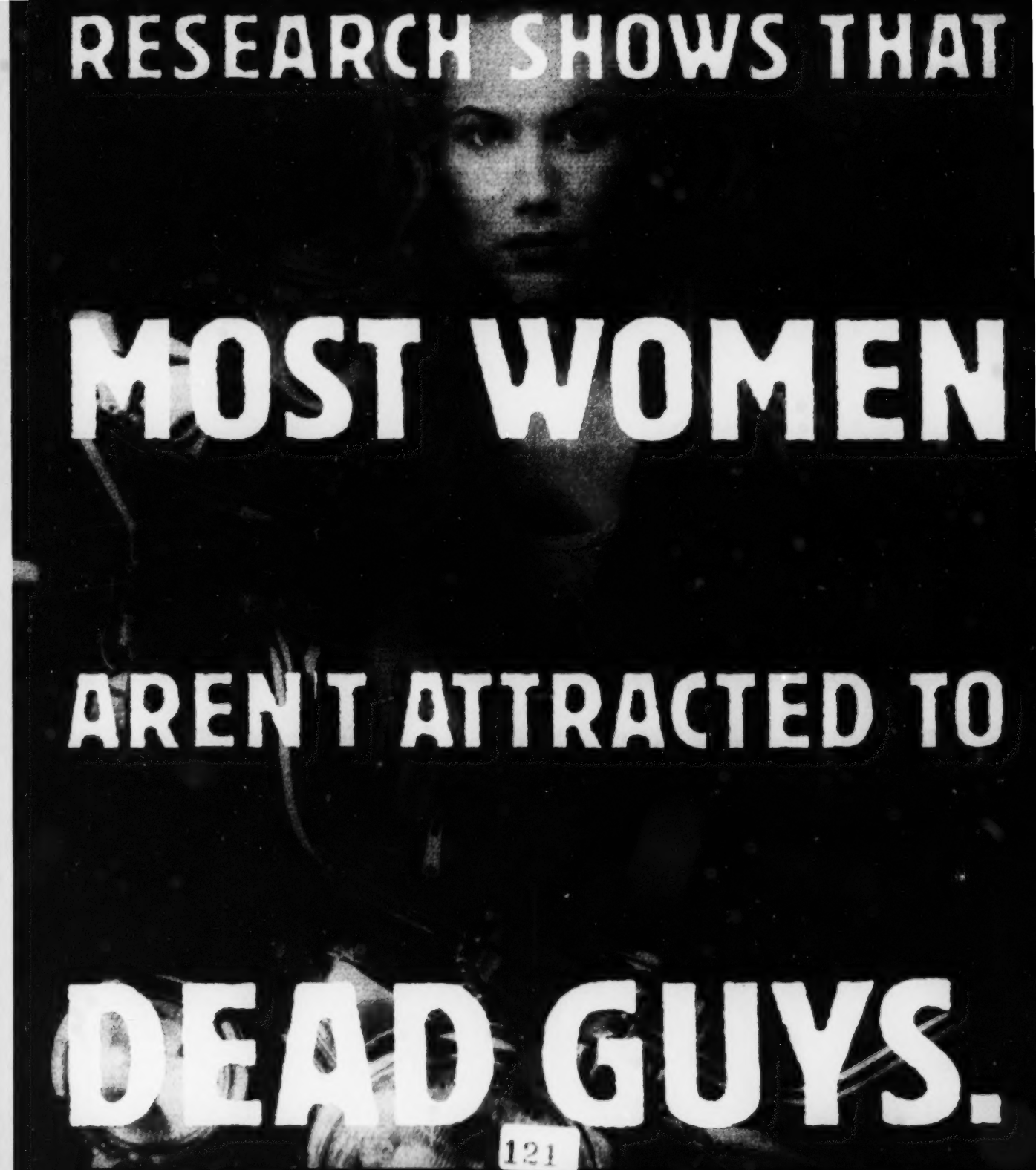

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Over 50% of those killed in motorcycle crashes had been drinking. So unless you're trying to impress people with a big funeral, don't drink and ride.

ALCOHOL AND MOTORCYCLES DON'T MIX.

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Minnesota Department of Public Safety

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Every year, over 1,000 people are killed or maimed for life while trespassing on or near train tracks. Stay off the tracks and you won't get caught.

US Department of Transportation

always expect a train

RAIL ROAD CROSSING

OPERATION LIFESAVER
1-800-537-6224

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Every year, over 1,000 people are killed or maimed for life while trespassing on or near train tracks. Stay off the tracks and you won't get caught.

always expect a train

US Department of Transportation

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Children who should use a booster seat

- For maximum protection, keep a child in a forward-facing child safety seat with full harness as long as the child fits in this seat. (See the instructions for your child safety seat for best fit.)
- A child who weighs between about 35 and 80 lbs
- A child who has outgrown a convertible child safety seat
- Usually a child who is about 4 to 8 years old and is at least 35" tall
- A child who cannot sit with his or her back straight against the vehicle seat back cushion or who cannot sit with knees bent over a vehicle's seat edge without slouching

Reasons to use a booster seat

- Generally, a child who is 4 to 8 years old is not big enough for lap and shoulder belts alone.
- A booster seat fills the gap between a convertible child safety seat and the vehicle lap and shoulder belt.
- The booster seat raises the child so the vehicle lap and shoulder belt fits well: the lap belt rests low across the upper thighs, and the shoulder belt rests snugly on the shoulder across the chest.
- Properly fitting lap and shoulder belts reduce the potential for belt-induced injury which can occur when a lap belt is a child's only restraint.

Installing a booster seat

- Read the booster seat instructions and your vehicle owner's manual before installing the booster seat.
- If the vehicle has only lap belts in the back seat, you may want to consider having shoulder belts installed by a dealer or repair facility. Most vehicle manufacturers offer retrofit shoulder belt kits for this purpose.

Remember

- All children ages 12 and under should sit, properly strained in the back seat whenever possible. It's safer!
- Never use just a lap belt across a child sitting in a belt-positioning booster.
- Never put the shoulder belt behind a child's arm or back because it eliminates the protection for the upper part of the body and increases the risk of severe injury in a crash.
- Never use pillows, books, or towels to boost a child. They can slide around.
- State child passenger safety laws apply to infant, convertible, and booster child safety seats.

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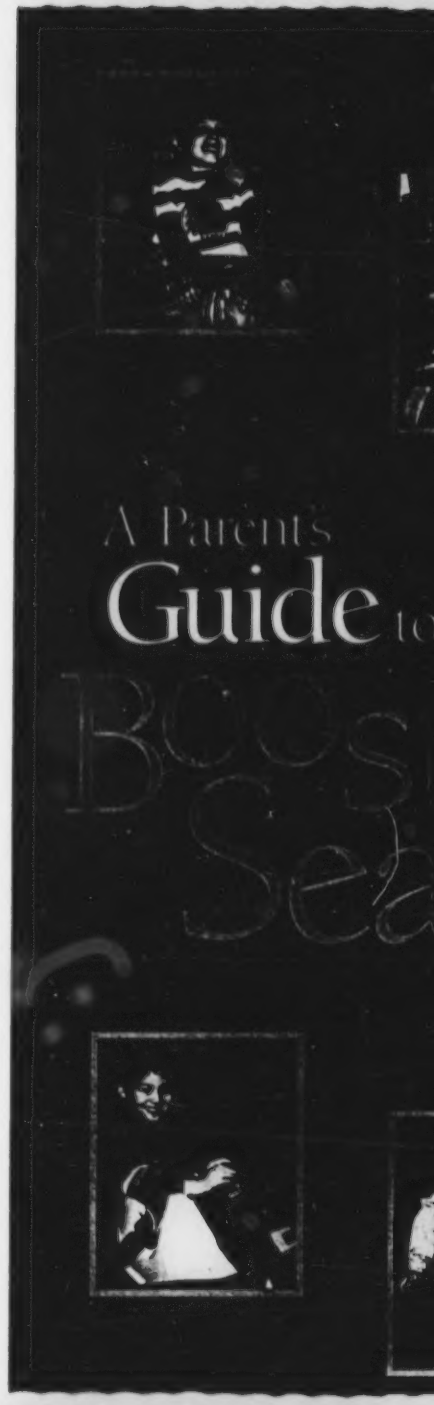

Different kinds of Booster Seats

High back booster with 5-point harness

- For a child about 35 to 80 lbs
- This booster seat provides head and neck protection in back seats without head restraints. The 5-point harness provides full body protection. The harness can be used until a child reaches 40 lbs. The removable harness converts the booster seat to a belt-positioning booster in which a child uses the vehicle lap and shoulder belts for restraint.

Child seats improve continually. Visit the NHTSA Web site at www.nhtsa.dot.gov or call the DOT Auto Safety Hotline toll free at 1-888-DASH-2-DOT (1-888-347-4236) for the most current information.

Belt-positioning booster

- For a child 40 to 80 lbs
- The child sits in the booster seat and uses the vehicle lap and shoulder belts for restraint. Lap and shoulder belts together offer better protection than lap belts only.

Shield booster

- Some of these boosters have removable shields. When the shield is removed, the booster seat becomes a belt-positioning booster using the vehicle lap and shoulder belts for restraint. Never allow a child to sit in the booster seat without the shield while using only the lap belt. (Without shield for a child from 40 to 80 lbs)
- A shield booster seat, with the shield in place, is recommended for use when only a lap belt exists in the back seat. (For a child with maximum weight of 40 lbs)

Buying a booster seat

- All booster seats are required by law to comply with the same standards and guidelines as child safety seats.
- When buying a booster seat make sure that it has a label stating: This child restraint system conforms to all applicable U.S. Federal Motor Vehicle Safety Standards.
- Never use a booster seat that has been in a crash. The seat may have defects that are not visible.

All **children** ages 12 and under **should sit in the back seat, properly restrained** whenever possible. It's safer!

U.S. Department
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National Highway Traffic Safety Administration
Office of Information Resource Management NAD40
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We're guys on a mission: to make life safer for kids.
Click on us. See how we make learning about safety fun.
LARRY
VINCE
SAFETY CITY

for kids of all ages

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Find us on NHTSA's website
www.nht.sa dot.gov
or come to us direct
www.nhtsa.dot.gov/kids

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of Transportation

able to quiz their students online or download lesson plans and coloring books for use in the classroom.

Someone has to keep this town running! Learn about current events, e-mail your questions to Vince and Larry, and explore career information.

Take the "Safety Challenge" and test your knowledge of safety trivia. "Science Fair" has terrific project ideas. Lesson plans are available in the Teachers Lounge.

View movies of our Public Service Announcements. Larry and I turn in Oscar-worthy performances and do all our own stunts!

Have fun coloring real works of art! Visit the Permanent Collection, view artwork by other cyber artists or print out artwork to color with "real" crayons.

*What's the future of automotive safety? Rubber cars? Rubber people? Do **you** have the next great idea? Visit with our lab technicians and engineers.*

Tune up before you hit the road at this friendly garage where you can download all the fonts and valuable plug-ins that make Safety City so exciting!

We'll look at helmets, reflectors and signals when we tour Safety City by bike. We'll make several stops along the way and test your bicycle savvy.

Here's an example:

Things to do at Larry's Art Gallery

CyberStudio *–You can actually PAINT online!*

Spotlight Pick *– Each week Larry selects his favorites for his personal gallery, choosing from online cyber-art as well as pieces mailed in from kids around the globe.*

Wet Paint *– Download images from our online coloring book to color at home later.*

Permanent Collection *– The home to the very creme-de-la-creme. A panel of distinguished and snooty judges will select those pieces bearing evidence of genius, historical significance or pretty colors.*

Auto Safety

National Highway Traffic Safety Administration (NHTSA)

Visit Safety City with Vince & Larry
http://www.nhtsa.dot.gov/kids

If you have a vehicle safety defect, then call the DOT Auto Safety Hotline
1-888-327-4236
1-888-DASH-2-DOT
http://www.nhtsa.dot.gov/hotline

SAFETY CITY
for kids of all ages

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WELCOME TO THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S

Parents can join their kids as they tour Safety City together, learning all about motor vehicle and traffic safety. Teachers will be able to quiz their students online or download lesson plans and coloring books for use in the classroom.

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National Highway Traffic Safety Administration
Media & Marketing Division
NTS-21
400 Seventh Street, S.W.
Washington, DC 20590

uth 15th Qtr.

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Dear Campaign Participant:

So -- what do you think? Is there something that we should have included? Omitted? We're interested in your feedback! Please take a moment to complete this postpaid, pre-addressed card and return it to us. This will help us better serve you in the future. Thanks.

1. Which three pieces of the planner did you find most useful?

1 _____ 2 and _____ 3 _____

2. From whom (what agency or organization) and when did you receive this planner?

Who _____ When _____ (month), 199____

3. Please rank-order what materials you find most **useful.** (1=most useful; 4=least useful)

____ *Buckle Up America! Week* ____ Data/Statistics

____ Success Stories ____ Public information and education materials

4. Are there any items (or types of materials) you would like to see in future planners that you haven't seen yet?

(Be creative.) _____

_____

_____

5. If NHTSA could not continue funding Campaign Safe & Sober Quarterly Planners after September 1998, how much would your organization be willing to pay per planner to continue receiving updated materials regularly?

☐ $ 0 ☐ $1-$5 ☐ $6-10 ☐ >$10

6. Are Campaign Safe & Sober planner materials being used to support your sTEP program?

☐ YES ☐ NO

Additional comments: _____

_____

_____

If you would like to order additional copies of the *Campaign Safe & Sober - Youth & Generation X, 1998 Planner,* please indicate the number below. Up to 10 copies are available free. Even if you don't order more planners, please tell us who you are.

# of copies requested _____

Name _____ Phone _____

Organization _____

Address (do not use P.O. Boxes) _____

City/State/Zip _____

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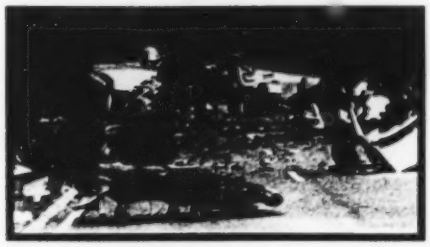

Three killed in the George Washington Memorial Parkway crash, Arlington, VA, March 17, 1996. Photo by James A. Parcel — The Washington Post

Test Your Knowledge

True or False

1. The speed limit applies to all lanes, including the far left lane on a multi-lane highway.
2. The left lane on divided highways is for passing only.
3. The left lane on divided highways is for left-handed drivers.
4. Motorists who drive the speed limit in the left lane are breaking the law.
5. Your speed, even when passing, should not exceed the posted speed limit.
6. The left lane is reserved for motorists who wish to drive faster than the posted speed limit.
7. Drivers should pass on the left because it is safer than passing on the right.

1. True.
2. The following states reserve the left lane for passing: Arkansas, Connecticut, Hawaii, Idaho, Illinois, Indiana, Kentucky, Maine, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, Ohio, Oregon, Rhode Island, Tennessee, Utah, Virginia, and Washington. However, restrictions vary from state to state. Check with your motor vehicle department.
3. False.
4. In states that reserve the left for passing only and apply the restriction to all vehicles, no one is permitted to cruise in the left lane, regardless of speed. In states that allow motorists to cruise in the left lane, no one is permitted to exceed the speed limit.
5. True.
6. False. The speed limit applies to all lanes.
7. True. Passing on the right is more risky because it places you in the blind spot of the vehicle you are passing.

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Life in the Fast Lane

Are you tired of slow drivers blocking the fast lane? Do you believe it is the slow driver in the fast lane, not the aggressive driver, who is the real menace to society?

Perhaps no other aspect of road travel is so laden with myth as "the fast lane." The truth is, life in the fast lane can be deadly unless everyone knows the rules. So here's the scoop:

The posted speed limit is a law that applies to all lanes. Thus, technically speaking, there is no fast lane or slow lane. Slower traffic generally is expected to keep right, but only emergency vehicles are permitted to exceed the posted speed limit and only when their lights and sirens are operating.

Speed surveys indicate that the majority of drivers are exceeding the posted speed limit. The "slow driver" in your way may, in fact, be obeying the speed limit. Check your speedometer.

Your speed even when passing should not exceed the posted speed limit. If you are driving the speed limit, and the vehicle in front of you is driving the speed limit, there is no need to pass.

Generally speaking, it is safest to stay out of the left lane except when passing. Twenty states have laws that reserve the left lane for passing, although states vary as to the types of roads and vehicles for which the restriction applies. Thirty states and the District of Columbia have no such law. Do you know the law in your state?

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NHTSA
People Saving People
U.S. Department of Transportation

DOT HS 808 670
February 1998

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DOT HS 808 449
January 1997

Straight Down the Road

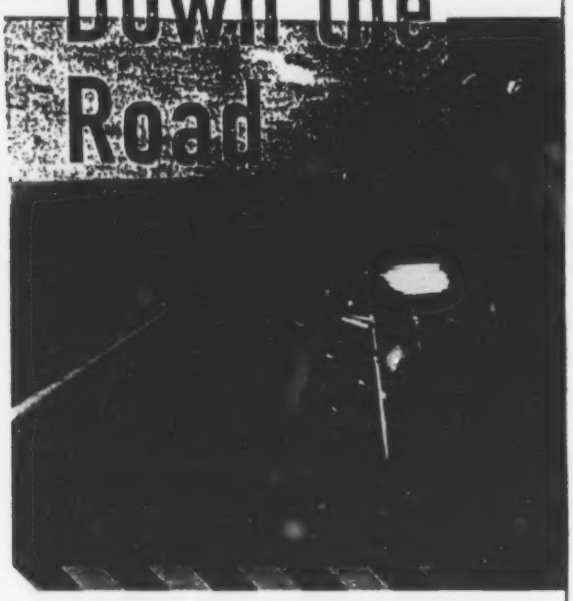

Image has always been a part of riding. It says cool, street smart... individuality. Anybody can do the drunk image. You'll see plenty of losers drinking, riding, and going nowhere. If this sounds appealing, go ahead and join the crowd. But if you'd rather follow your own road, ride a bike.. and

Ride Straight.

NHTSA

U.S. Department of Transportation
National Highway Traffic Safety Administration

January 1997

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KIDS AREN'T CARGO

Children Placed At High Risk In Pickup Trucks

The National Highway Traffic Safety Administration (NHTSA) warns that kids don't belong in the cargo areas of pickup trucks. A number of states already have laws or restrictions on carrying passengers in the cargo area of a pickup truck.

Trucks are becoming a popular form of transportation for family travel. Unfortunately, occupant protection inside the cab is limited by space, number of safety belts, and the fact that pickup trucks are not required to meet all passenger car safety standards. Space limitations often lead parents to allow children to ride in the cargo area.

Each year more than 200 people die as a result of riding in the cargo area of pickup trucks. More than half of these deaths are children and teenagers.

The Facts

- The cargo area of a pickup truck, with or without a canopy, has proven to be a source of injuries and death to children and adults. In addition to the possibilty of being ejected, passengers riding in covered cargo beds are exposed to carbon monoxide from exhaust fumes.
- Ejection from the cargo area during a collision was the major cause of injury and death for pickup truck passengers.
- Most noncollision deaths were caused by falls due to swerving, braking, or rough roads. In one third of these cases, the victim was standing up, sitting on the tailgate, or "horsing around."

These safety tips from NHTSA are aimed at making your next ride in a pickup safer:

- Child safety seats must not be used on side-facing jump seats.
- Child safety seats must have at least 80 percent of the safety seat base on the bench seat. Installing a tether strap to the vehicle frame may prevent the safety seat from moving too far forward and the child from hitting his or her head on the front seat in a crash.
- A rear-facing child seat must never be secured in either the center or right front seat, if a pickup is equipped with a passenger air bag and does not have an air bag on-off switch.
- If there is no other seating available, children over one year of age must be properly secured in a forward-facing child restraint or vehicle lap and shoulder belt positioned as far back from the dashboard as possible.
- All children should ride in properly installed child safety seats or lap and shoulder belts appropriate for their size.

NHTSA U.S. Department of Transportation

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Attention Unlicensed Motorcyclists:

You Are Facing Severe Penalties...

That's right. If you're caught riding without a valid motorcycle license, the patrol officer who stops you could have your motorcycle towed off to an impoundment yard—*on the spot!* Which means you'll have to find another way home. And before you can get your bike back, you'll have to get your license anyway—*plus* pay out a small fortune in fines and fees.

If that happens, you definitely won't feel that it was worth the ride.

...and a High Risk of Serious Injury.

If you ride unlicensed, you are riding in one of the highest risk vehicle operator groups on the road. During the past 10 years, 42 percent of all fatal motorcycle accidents involved unlicensed riders—even though it is estimated that only 20 percent of all motorcyclists ride unlicensed.

What this means is that you are far more likely to be seriously injured or killed in an accident if you are not legally licensed.

So Ride Smart, and Ride Licensed.

It takes a little time to get a motorcycle license. But being qualified to ride a motorcycle knowledgeably and safely on the streets is very important. Even small mistakes on the road can be disastrous for a motorcyclist.

So take whatever time you need. Learn the facts and master the skills necessary to pass your licensing tests. It's the only way to keep both your bike and your body intact...

CAMPAIGN TO LICENSE AMERICA!

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Don't Get Towed.

If you are caught riding your motorcycle without a valid license, you could be in for quite a surprise: the law allows your motorcycle to be towed away!

Get Licensed.

National Highway Traffic Safety Administration

DOT HS 808 101
April 1994

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